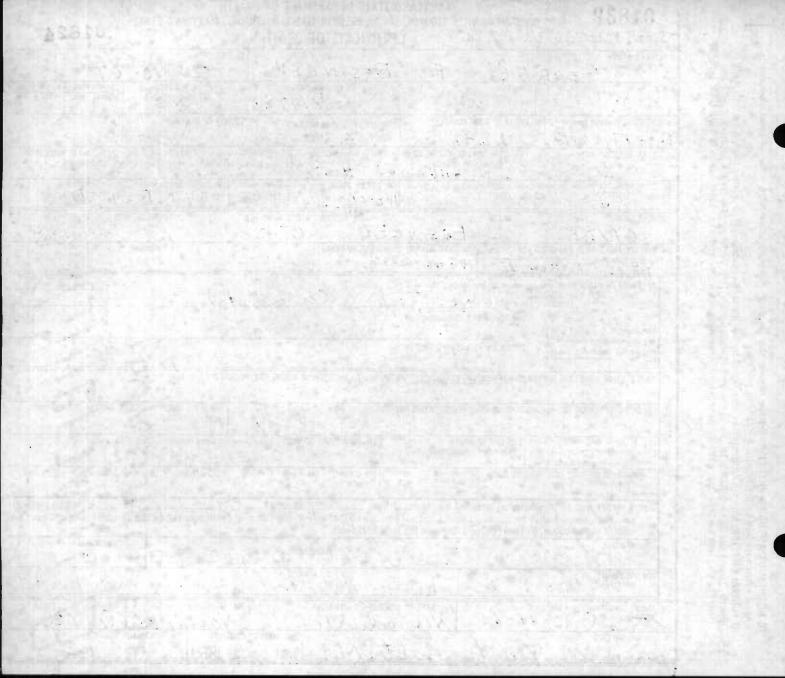
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

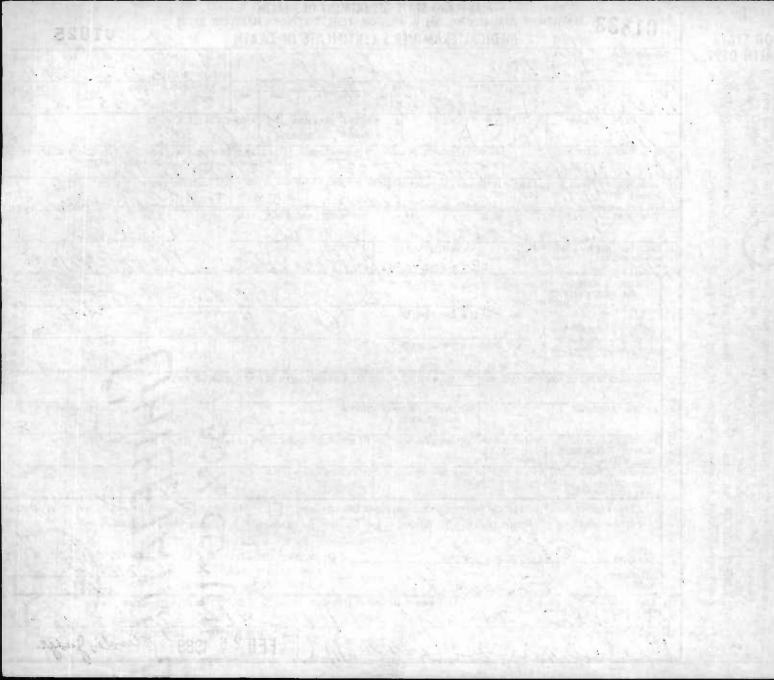
. 2		01831	CERTIFICATE	OF DEATH	01823				
an.  by the attending physician and campletely filled in by the funeral ransit permit. Then please remave carban papers. Pages 1 and 2 crematian, ar remaval, and in any event, within 72 haurs after death.		PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceosed o. STATE Maryland	lived, if institution: Residence before odmission) b. COUNTY				
Pages Pages aurs aff		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporote I	imits, write RURAL ond give neorest town)				
d in brees.		d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
filled pape		Knollwood Manor Nur		1329 Cambria Stree					
nnd campletely filled in remave carban papers.  any event, within 72 ho			Pauline Anderson	Lost 4. DATE OF DEATH	Month Doy Year February 17, 19 69				
emake dank eve		Female White	WIDOWED DIVORCED	June 6, 1884 8	GE (In yeors ast birthday)  4.				
0 .=	duri	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)  Retired Saleslady	10b. KIND OF BUSINESS OR INDUSTRY Department Store		Lend 12. CITIZEN OF WHAT COUNTRY S. A.				
Ing pnysi Then pl remaval,		FATHER'S NAME rederick XXXXX HXXXX	Laudin	14. MOTHER'S MAIDEN NAME  ? August	a XXXXXXX Zielke				
aneraniy priysician permit. Then please ian, ar remaval, and	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, ac, or unknown) (If yes give wor or dotes of se	rvice)	NFORMANT . Arvid H. Anderson	Address 27 225				
by the o transit pe crematia		18. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (o), (b), and (c).)	Thrombour	INTERVAL BETWEEN ONSET AND DEATH				
gned b urial-tro	Conditions, if ony, which gove ise to immediate course (a), (b) arteriorelevotic Cardiovascular diseases								
as the bu		stoting the underlying couse   DUE TO			1				
X is a se is	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN II	N PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO				
the base	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Port I or Port II	of item 18.)				
ifter this certibe detached be detached State Dept. a	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		E OF INJURY (Home, farm, ory, street, office bldg., etc.)	ity or town) (County) (Stote)				
00		21. I certify that (I) (this hospitosaw the deceased alive an	ol) ottended the deceosed from 1 b. 13 1969, and that	death accurred atM, f	Feb. 17, 1969 that (I) (we) last ram causes and an the dote stoted above				
DIRECTOR: ge 3 shaul ed with th		220. SIGNATURE Km	m.D m.D		STAFF PHYS. 22b. DATE SIGNED 2/19/69				
ERAL DIR		22c. PHYSICIAN'S NAME (Type) Ray M. Smith	, M. D.	22d. ADDRESS Hahn Prof. Bldg.,	Box 895, Severna Pk.				
rage 4 may be retaine  TO FUNERAL DIRECTOR: director, page 3 shaul shauld be filed with th	230	BURIAL, (REMATION, PEMOVAL (Specify) 2/21/69			ION (City or Town) (County) (Stote) ton, Md. A. A. Co.				
VR A15 (4) 25M 1/67	24	McCully FH 2:	ADDRESS 37 Patapaco Ave. 2	250. REC'D BY REGISTRAR DATE FEB 2 0 1	25b. REGISTRAR'S SIGNATURE				

THE TENNES OF THE PARTY OF THE CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE Sep. 15 69 Sep. 15 69 Feb. 17 69 Any H. Smith, M. D. Holm Prof. ald ., Pox USS, Sevenan Ps. 

Market State of the State of th		01832			DEPARIMENT OF H		
	-	tem8 FilmGhlO	3/14/69 kk			MORE, MARYLAND 21201	01824
	_				CATE OF DEATH		
death.		CEASED-NAME First ype or print)	n pm	Middle	Lost	20. DATE OF DEATH Doy	2b. HOUR
de d		UEDI		F. BA	SINGER	2 10	6 / M
The e	3. SE	X	4. RACE		S. DATE OF BIRTH	6. AGE (In years lost birthdoy)	MONTHS OAYS HOURS MIN.
S F	1	/ V \	W .	- La	2/1/1926	7 3 YRS.	
hou hou			7b. CITIZEN OF WHAT COUN	MAKKILL	INLACK MAKKIED	9. COUNTY OF DEATH	
24 in Per in 72	FA		O.Sitty	WIDOWEL		Anne Arur	11141
within book fill book fill		ITY OR TOWN OF DEATH Glen Burnie	give street add	RUNDEL	Hosp. during mo	L OCCUPATION (Kind of work done st of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
omplet ve cor event	13o. odm	USUAL RESIDENCE (Where deceosession) STATE	ed lived, if institution: Resid	ence before 13c. CITY C			Y DR.
exe emo ony	14. [	ATHER'S NAME First	Middle		S. MOTHER'S MAIDEN NAME FI		Lost
n or		CIYDE	13/	ASINGER	CIAR	A	SMITH
iificate hysicia n pleas /al, and	16o. Y	WAS DECEASED EVER IN U.S. ARM es no or unknown) (If yes give w			INFORMANT	Address	
cert gg pl Ther mav		18. CAUSE OF DEATH (Enter onl	ly one couse per line for (o)	, (b), ond (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ndir ndir or re		PART I. DEATH WAS CAUSED	D BY: TE CAUSE (o)	1	Cancin	of home	
afte orr		1621	DUE TO, OR AS A CONS	SEQUENCE OF		1	
the the nation		Conditions, if ony, which gove	(b)	The second	Section 1		V-10-11-11-11-11-11-11-11-11-11-11-11-11-
tha In. by ron	-	rise to immediate couse (a),( stating the underlying couse(	DUE TO, OR AS A CONS	SEQUENCE OF			
sicic sicic ol-t ol, c		lost.	(c)				
requi	Z	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART 1(o)	
ICIAN: The law requires that the death certificate be executed within 24 hours pitol or ottending physician.  rtificate hos been signed by the attending physician and completely filled in by the for use os the buriol-transit permit. Then please remove carbon papers. Paget Health prior to buriol, cremation, or remayal, and in any event, within 72 hours of the complete the prior to buriol.	CERTIFICATION	19o. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERA	ATION WAS PERFORMED	20o. AUTOPSY? YES NO X	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
or or use half		210. ACCIDENT WAS UNDERLYIN		21c.		noture of injury in Port 1 or Port 2,	Item 18.)
E E E E E E E E E E E E E E E E E E E	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Month	Doy Yeor			
may be retained by the haspitol or RAL DIRECTOR: After this certificate poge 3 should be detached for use filed with the State Dept. af Health	WEI	21d. INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY ( AT HOME, OFFICE BU	FARM, STREET, FACTORY.) 21f.	OCATION Street or R.F.D. No.	City or Town	County Stote
y th y th e de ate		22a. I certify that (I) (thi	is hospital) attended t	he deceased from	, 19	, to, 19	, that (i) (we) last
d b d b d b d b d b d b d b d b d b d b		saw the deceased a	live an	19, a	nd that in (mv) (aur) api	nian death occurred on the do	te ond haur and from the
OR: h th			, (I) (we) (did) (did nat	view the body afte	death.		
OR A: OR A: OR A: IRECT		22b. SIGNATURE	16. Fa	Vous DE	GREE PHYS.	ED. STAFF 22c.	DATE SIGNED 2 19 /2 9
A A P O O O		22d. PHYSTCHAN'S NAME (Type)	nh A. Fo	a raino, h	22e. ADDRESS	Lucdical A	As - Heldo, 40
O HOSPIT Poge 4 m O FUNERA director, I	230.	BURIAL, CREMATION 23b. I		BC. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City or Town)	(Sounty) (Stote)
5 5 5 A	1	REMOVAL (Specify)	21-69	Normaly	elle Cem	Normalvel	le, pa.
VR A15 (4) 30M REV. 1/68	24.	EUNERAL DIRECTOR	7.00.	ADDRESS A	Md. DATE TO	REGISTRAR 25b. REGISTRAR'S	
* * * * * * * * * * * * * * * * * * * *	H	uner 11.	juecas.	Back.	UANETL D	4 10001	Tarabaca .



1 1		MARYLAND STATE DEPARTMENT OF HEALTH	
FOR CTATE		01833 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	5
FOR STATE	1 0	) MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		(Type or Print) Selle DEATH MATED \$ Z-23	1967 A 1
y deloy and 3 PM3 Pa	3	1 A. RAGE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. Manth 2 Day 2 3 Year 191	L9 P
I, 2, m Pl		ABIRTHRIACE (State of foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNT OF OFATH WIDOWED DIVORCED	
hours after death. Item 18. Give Pages Office along with for land 2 with the State after death.	10/0		F BUSINESS OR
thours after death the 18. Give Pag Office along with land 2 with the Sto after death.		a. USUAL RESIDENCE Where deceased lived, if institution Residence before 135 CJY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	+
or 18.		and with which is and 14 bush 2	V.
the life of the stands of the	14. F	FATHER'S NAME. First Middle Bell South 15. MOTHER'S MAJOEN NAME First Middle Bell Soll	Lost ·
within 24 pencilian coniner's ile pages 172 hours		(Vestro, of Unknown) (If yes give wor or dates of service) 2 14-05-0925 W. (Lbu Bell MMG.)	Mel.
- 111	7	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	DYMATE INTERVAL ONSET AND DEATH
executed anding" in Medical E t permit. F		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Phleriora leursis Concession	
be execut "pending" nief Medic onsit perm event wit		Canditions, if any, which gave )	ten
ould be vord "pe ne Chief al-tronsit any ever		rise ta immediate cause (a), (b)	
S S T .E .		stating the underlying couse   DUE 10, OK AS A CONSEQUENCE OF	
tate of the ed the solution ond		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
te, writing to writing to writing to writing to worked to write used os o removol, on	TION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AU	JTOPSY?
5 · 6	CERTIFICATION	WAS PERFORMED? YE	S NO
, in the second second	MEDICAL CER	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)	
EXAMINER:  ute the cert oge 4 should your files. Page 3 shoul cremotion	ME	21d. INJURY OCCURRED WHILE AT WORK AT WORK 12 10. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.)  21f. LOCATION Street at R.F.D. Na. City at Town County	State
5552			in my apiniar
JICAL Elease exects director. Po stoined for DIRECTOR: rr to burial,		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
ie		ACTUAL  SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  22b. DATE SIGNED	
D 2 8 7 E		EXAMINER'S DEPUTY MEDICAL EXAMINER \$ 2/3/6/	7
o DEPU. The fune S moy b O FUNER Health		NAME (Type) L- Link predt. ADDRESS(Street, city, town, ar county)	0.
07 TO S # 19	0	10. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d TOTATION (City or Town) (County)	Met.
VR A15ME (5) 10M REV. 1/68	24.	Nilliam Reesett address Date FEB 26 1969 June 1969	uge



23c. NAME OF CEMETERY OR CREMATORY

Pinelawn Mem. Pk

VR

24. FUNERAL DIRECTOR C.E. Hicks. 111 Annapolis, Md

3-3-1969

23b DATE

NAME (Type)

23o. BURIAL, CREMATION

25o. REC'D BY REGISTRAR DATE

62 Cathedral St., Annapolis, Md.

23d. LOCATION (City or Town)

Annapolis

25b. REGISTRAR'S SIGNATURE

(Stote)

Ma

(County)

A.A.

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	226					MAL, MARKE, 13A

01835

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01827

						CALL OF	PEAIII				,				
	Type or print)	first tha	Tue	Middle ker	BI	Last NGHAM		2a. [	DATE OF	DEATH Month bruary	2	24 7	9 <sup>6</sup> 69		HOUR.
3. SI		4. RAC				S. DATE OF	RIPTH		re	6. AGE (In			R I YEAR	IF UNDER	
	Female	1. 1/10	Whit	е			14, 188	30		lost birthd		MONTHS		HOURS	MIN
7o. i	8IRTHPLACE (State or fore ntry) Oklahoma	gn 7b. CITIZ	U.S.	UNTRY?	8. MARRIEL	NEVER M	ARRIED ORCED		nty of	DEATH Arunde	el				A
	Annapolis		Anne o	HOSPITAL OR INS	Gen.	nat in hospitol	tal during r	UAL OCCU	arking	(Kind of wo life, even if	retired.)	IND	KIND OF USTRY	8USINESS	OR
13a. odm	USUAL RESIDENCE (Where ission) STATE Maryla	deceosed lived,	if institution; Re OUNTY ne Arun		13c. CITY C	r town polis	13d. INSIDE CITY			REET AND NU		St.			3
		ohn	Middle	Tucker			MAIDEN NAME	First P <b>ara</b>	lee	1	Middle	Scot	tt	Last	
	. WAS DECEASED EVER IN I	J.S. ARMED FORCE yes give wor or dales of	(enice)	ocial security N		Martha	Woote	n		Annap	ddress olis	, Mc			
	Conditions, if any, which rise to immediate caus stating the underlying last.	CAUSED BY: MMEDIATE CAUSE  DUE  gove e (a), cause  DUE	(a)	ONSEQUENCE OF	Vest	refar	Ace	ide	de de	- Carles		Le	BETWEEN O	MATE HATERY NSFT MED D NSFT MED D	HTA30
CERTIFICATION	PART 2. OTHER SIGNIFICATION			ERATION WAS PER		20a. AU	TOPSY?		20b. IF	YES, WERE FI		CONSIDER	RED IN CE	RTIFYING	,
MEDICAL CER	21a. ACCIDENT WAS UNI OR CONTRIBUTING CAUS (If either, natify medical 21d. INJURY OCCURRED While Not while	examiner)	P.M.	Y th Day Year 19 NE, FARM, STREET, FAC BUILDING, ETC.			CCURRED (Ent			y in Part 1 a	r Part 2,	Item 18.		SI	tate
	22o. I certify that saw the deceo couses stated 22b. SIGNATURE	(I) (I <del>las hosoit</del>	<del>al) ottended</del>	the decease	ed from 94, or body after	nd that in (r death.	ny) <del>(our) o</del> p	sinion d	to eoth o	2/2 ccurred or	the d	ote ond	hour o	(I) (was	e) lo: m th
4	22d. PHYSICIAN'S NAME (Type) Ri				MISTO	22e, At 16	LAA	Ave.	., A	nnapo.			0/0	59	
230.	BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Feb 22,		23c. NAME OF C			'n	S	uitl		Anne	(Coun	inde		) Md
24.	FUNERAL DIRECTOR $\mathbf{F}$ .	Gasch's	Sons I	iyattsv:	ille,	Md.	25o. 1500	B Scia	RAR19	69 Sb. RE	SISTRAR?	S SIGNATU	URMAGA	1912	

DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

within 24 haurs after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital ar attending physician.

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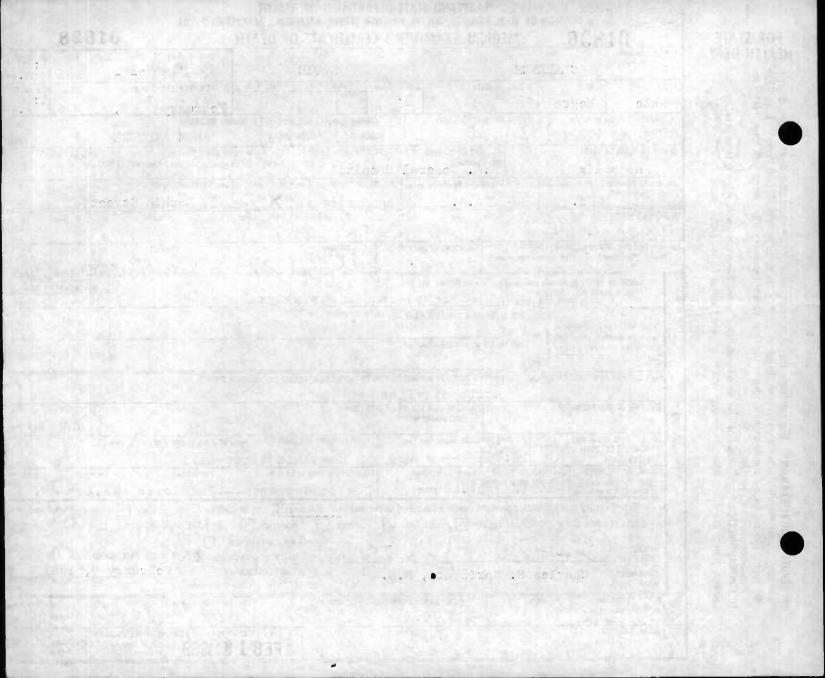
# FOR STATE HEALTH DEPT. necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 character has been appreciately the funeral director. to to PM3. Poge the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with tong

TO DEPUTY

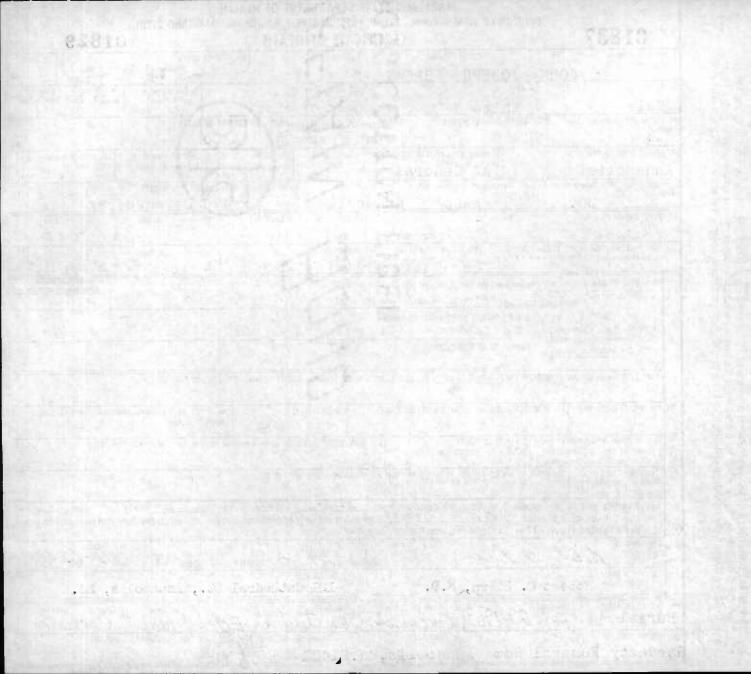
VR A15ME (5)

5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Health prior to burial, cremation, or removal, and in any event within 72 hours after death. 000

F	Ite	ms 18-	22a Film	of VITAL REC	RYLAND STAT	E DEP	ARTMENT ON STREET, BA	F HEALT	H MARYI	LAND 21201	
	-	กา	836		L EXAMINE						1828
ľ		CEASED-NAME	First		Middle		Lost			20. DATE KNOWN X Month D	Doy Yeor 2b HOUR
	(1	ype or Print)	CLARE	NCE			BOU	IE .		OF ESTI- DEATH MATED 2-9-	1969 A.M
	3. SE	X	4. RACE	S. DATE OF BIRTH		E (In years Liberthriay)	MONTHS DAYS		R 24 HRS.	2c. DATE PRONOUNCED DEAD	2d. HOUR
		Male_	Negro	1-1-	1927 3	YRS	3.			February Doy 9.	Yeor 19 69 1:10 M
- 6		BIRTHPLACE (Stote	e or foreign 7b	. CITIZEN OF WHAT	CÓUNTRY?		OWED DINEVER	WARRIED [	9. COL	ANNE ARUNDEL	M
ŀ	10. C	ITY OR TOWN OF	F DEATH		ME OF HOSPITAL OR I						2b. KIND OF BUSINESS OR
3		Annapo	olis	giye str	eet oddress) General	Hos	pital	duita	in most o	working life; even if retired.) In	NDUSTRY
Ī		USUAL RESIDEN	CE (Where deceosed	lived, if institution	on: Residence before			13d. INSIDE CITY	LIMITS?	13e. STREET AND NUMBER	
4	00	Imission) STATE	Md.	13b. COUNTY A	Α.	Ann	apolis	YES 🔀	NO 🗌	39 Larkin Str	eet
	14. 5	ATHER'S NAME	reelt	Middle	3 All's	C	15. MOTHER'S A	MAIDEN NAME	First	hall collic	Py lost
I		WAS DECEASED EV	(ER IN U.S. ARMED FO	RCES? 1	6b. SOCIAL SECURITY I		17 INFORMANT	1 10		ADDRESS	010000/11
			(ii )es gitte tile		2667099	+300	stille	ex30	200	USY FORKIN	Steenan
I					for (o), (b), ond (c)		100				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		A IN	IMMEDIATI	E CAUSE (o)	Cerebro		nial in	jurie	S		
		Conditions if o	ony, which gove	DUE TO, OR A	S A CONSEQUENCE O	F					
1		rise to immed	liote couse (o), (	(b)	S A CONSEQUENCE O	r					
		stoting the un	iderlying couse		D A CONSEQUENCE O						
1		PART 2 OTHER	SIGNIFICANT CONDITI	(c)	C TO DEATH BUT NO	T DELATED	TO THE TERMINA	DISEASE OR	CONDITIO	ON GIVEN IN PART 1(o)	
	-	TART E. VIIIER	SIGNII TEANT CONDITI		te ethyl		TO THE TERMINA	L DISEASE OK	CONDITIO	DIE GIVER IN FAKT I(O)	
ı	TION	19o. DATE OF O	PERATION		9b. CONDITION FOR		ERATION	-			20. AUTOPSY?
1	CERTIFICATION			1 1 1	WAS PERFORMED	15					YES NO
		21o. EXTERNAL			JURY Month, Doy, Yee	or	21c. HOW INJURY	OCCURRED (E	nter notu	re of injury in Part 1 or Part 2, Item	n 1B.)
1	AEDICAL	CAUSE OF DEAT	R CONTRIBUTING [	12:45.M.	2-9 19	69	Head	hit	wind	dowsill	
1	WE	21d. INJURY OC	CURRED 21e. PL	ACE OF INJURY (At	home, form, street,		21f. LOCATION Stre				County Stote
-		AT WORK	OT WHILE Of Out	Side ap	t.house		266 Bos	ton A	pts.	.C.Annapolis	A.A. Md.
2		22o. I	certify that I too	ok chorge of the	e remoins describ	ed obov			Ins	spection , Inquiry ,	ond in my opinion
1	200	deoth re	sulted from:	Noturol cause	s Accider	nt 🗷,	Suicide 🔲	Homici	de 🔲	, Undetermined monner	
1		ACTUAL	(ro, _	181	7,	-	62	HIEF MEDICA			2000
		SIGNATURE	- Contract	070,	2	TRI.		ISSISTANT ME DEPUTY MEDIC		AMINER X 22b. DATE SI	y 9, 1969
		EXAMINER'S NAME (Type)	Charle	s S. Spr	ingate, 1	1.D.				own, or county)	, , 1,00
-	23o.	BLIRIAL, CREMA		DATE /	23c. NAME OF	CEMETER	OR CREMATORY			1	County) - [State]
1	Y	REMOVAL (Spec	2262-	13-196	9 Du	le	Falo	71	1	Mayor	W MICE
	24	FUNERAL DIRECT	amRe	esc#	ADDR	ESS AC	7/1/06	2So. REC	BB 1	GISTRAR 25b. REGISTRAR'S SIG	GNATURE Cas Jungar



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01837 CERTIFICATE OF DEATH 01829 1. DECEASED-NAME First Middle 20. DATE OF DEATH within 24 hours after death. 2b. HOUR oor popers. Pages 1 and 2 within 72 hours after death (Type or print) Month 24 Year JOHN JOSEPH BROWN 969 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) HOURS Male White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED 9. COUNTY OF DEATH KOCKING ham completely fiffed in USA AACo WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY bon Annapolis ElecTRICIAN event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before OR ATTENDING PHYSICIAN: The low requires that the doath-certificate be executed 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY remove Md 476 Defense buriol, cremation, or removal, and in any 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Lost 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address. Yes, no, or, unknown) (If yes give war or dates of service) attending p 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) My ocardial BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if ony, which gave) MASLUD rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) for use as the t O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO F YES [ be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year State Dept. of (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 1968, and that in (n ... 1966 , to saw the deceased alive an Fall , and that in (my) (our) opinian deoth accurred on the date and hour and fram the , page 3 shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Robert O. Biern, M.D. 121 Cathedral St., Annapolis, Md. director, shauld b 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Bust MOVAD (Specify) VERLOOK PMLL 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15 (4) Hardesty Funeral Home Annapolis.Md.2140 MAR 1969



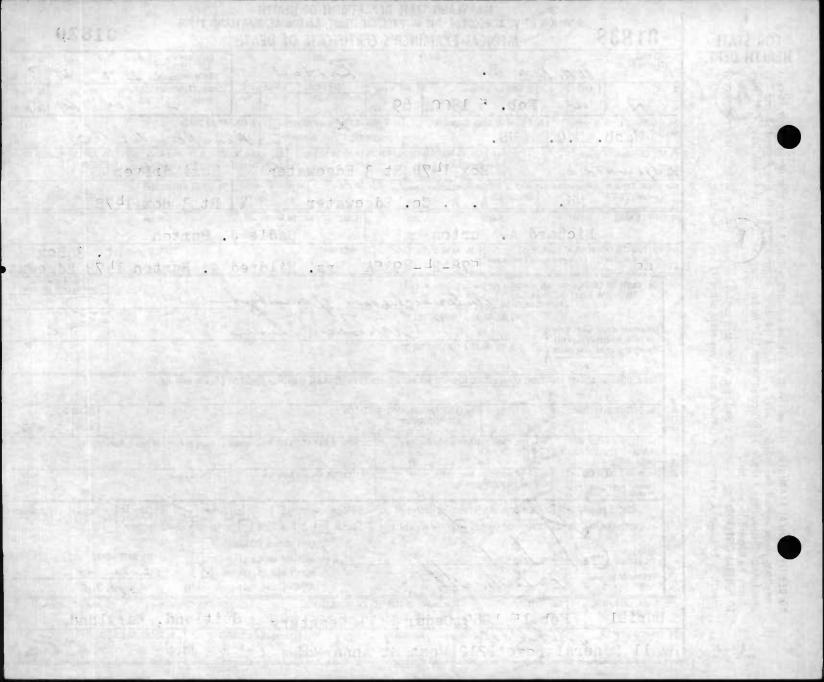
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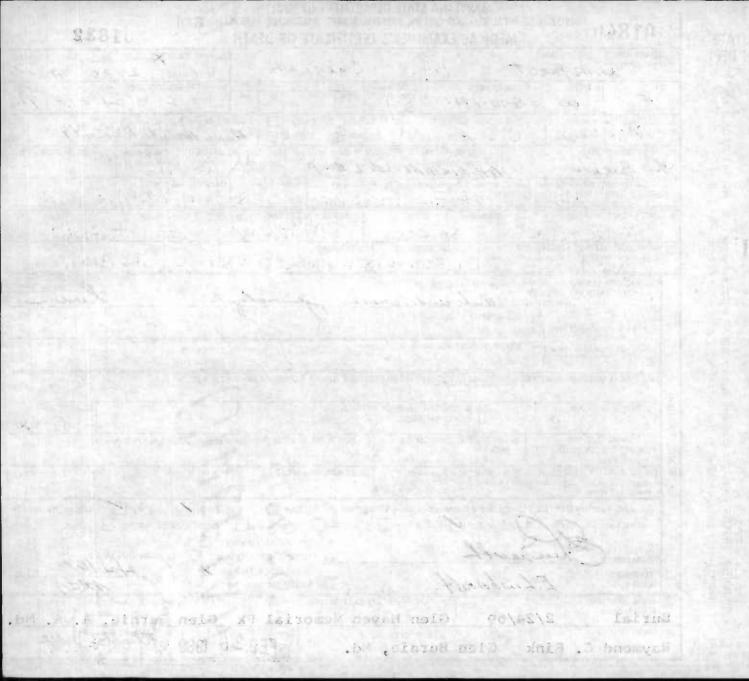
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	and torse in		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01832 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME 2a. DATE KNOWN Year 2b. HOUR (Type or Print) MARGARC OF ESTI-ANKO DEATH MATED 3 IF UNDER 24 HRS 6. AGE (In years 3 SEX 4. RACE S. DATE OF BIRTH 2c DATE PRONOLINCED DEAD 2d. HOUR and HOURS MIN 5-10-1881 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office olong with farm Have Arondel. WIDOWED F DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done This certificate shauld be executed within 24 hours ofter death 12b. KIND OF BUSINESS OR INDUSTRY during most of warking life, even if retired.) with the 13d. INSIDE CITY LIMITS? deoth. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE 13b. COUNTY TLEN BIRMIN Item 18. ond 2 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle ARGARET G-EKS forworded to the Chief Medical Examiner's perent 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, na, ar unknawn) permit. File BPROXIMATE INTERVAL .⊆ event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (a), the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 writing 00 CERTIFICATION be used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, NO. 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should b 21b. TIME OF INJURY Manth, Day, Year pluods MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, SICAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town State County moy be retoined for your FUNERAL DIRECTOR: Page factory, affice building, etc.) WHILE NOT WHILE T 22a. I certify that I taak charge af the remains described above, held an Autapsy , Inspection 7, Inquiry P and in my apinian Natural causes Accident . Suicide | death resulted from Hamicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE O DEPUTY necessory, DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) ADDRESS(Street, city, tawn, ar caunty) 0 23a. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial (Specify) 2/24/69 Glen Haven Memorial Pk Glen Burnie, A. A. Md. 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SICHATUR Raymond C. Fink Glen Burnie, Md.



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

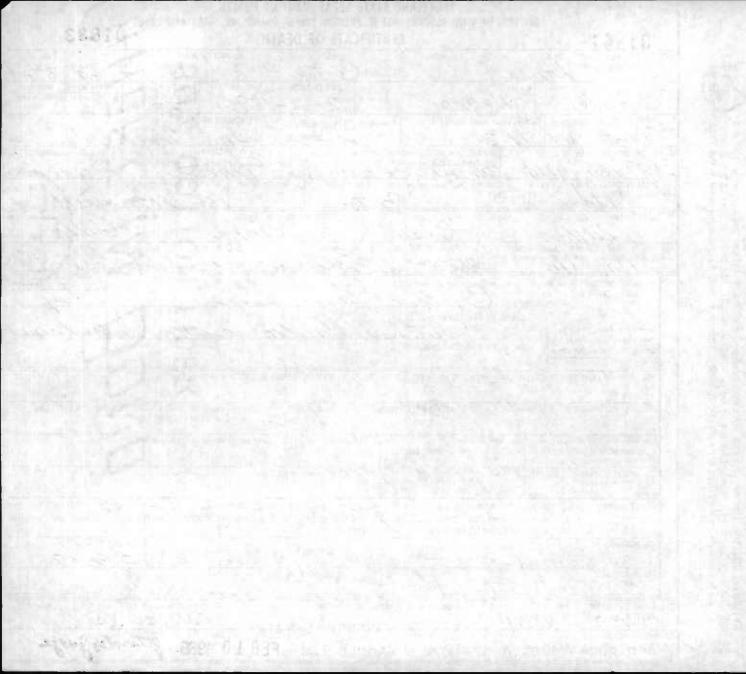
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	ECEASED-NAME Type ar print)	Fires	Middle	Cast	2a. DATE OF DEATH Manth	Day Year	2b. HOUR
3. SI	EX	A. RACE		S. DATE OF BIRTH	6. AGE (In y		IF UNDER 24 HRS.
	Fernale	Neg.	ea	2-2-10	196 last birthd	YRS. MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT C	INA	RRIED   NEVER MARRIED   DWED   DIVORCED	9. COUNTY OF DEATH  Anne Great	uxdel Co	, Md
10.	on BURNIE	11. NAME (give street)	OF HOSPITAL OR INSTITUTION address Landon		IAL OCCUPATION (Kind of wa		F BUSINESS OR
	USUAL RESIDENCE (Where dissian) STATE	deceased liver, if institution:	Residence before 13c. C	ITY OR TOWN 13d, INSIDE CITY YES N		MBER 155 S/Re	ex
	FATHER'S NAME First	Middle	Kirby	IS. MOTHER'S MAIDEN NAME	nna	Widdle Gibe	Last
	. WAS DECEASED EVER IN U.: Yes, na, ar unknawn)	S. ARMED FORCES? es give war ar dates of service)	. SOCIAL SECURITY NO. 12-16-370/	17. INFORMANT	Flegger &	the Bur	ies ld.
	PART I. DEATH WAS (	ter anly ane cause per line to CAUSED BY: MMEDIATE CAUSE (a)	ar (a), (b), and (c).)	Hemand.	-23/	APPRO) BETWEEN	XIMATE INTERVAL CINSET AND DEATH
	4122	DUE TO, OR AS A	CONSEQUENCE OF	1	11	· :	1
	Canditians, if any, which or rise to immediate cause stating the underlying or	(a), (b)	CONSEQUENCE OF	ie Cardeo	( boenlar.	Sucustan	nous
	last.	(c)					
	PART 2. OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(	2)	
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH (	OPERATION WAS PERFORM	D 20a. AUTOPSY? YES NO	CAUSES OF DEATH?	INDINGS CONSIDERED IN	CERTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDI	OF DEATH HOUR A.M. M	URY lanth Day Year	21c. HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 o	ir Part 2, Item 18.)	
MEI	21d. INJURY OCCURRED While Not while at work	21e. PLACE OF INJURY (AT I		21f. LOCATION Street or R.F.D. No	a. City ar Tawn	Caunty	State
	saw the deceas	l) (this haspital) attended led alive an 2 - 4 libave, (I) (we) (did) (did	1969	m, 19@ _, and that in (my) (aur) ap after death.	53, ta 2 - 6. Dinian death accurred an	, 19 <i>69</i> , tha n the date and haur	t (I) (we) las rand fram the
1	22b. SIGNATURE	rd H. He	ent	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED	9
	22d. PHYSICIAN'S NAME (Type)	chard t	1. Hun 1	- 22e. ADDRESS	rylane, Gles	· Burnie	mad
	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 2/12/69		uhurn Cemetr	A3d. LOCATION (City or To Baltimo	re Md	(State)
24.	FUNERAL DIRECTOR Adolphus	Halstea d	ADDRESS 1206 W n	orth Ave DATE FE		GISTRAR'S SIGNATURE	wige.
	AUOTPHUS !	naistea a	TYOO M II	OT OIL KATE DATE L	ח דם וממו		0

TO HOSPITAL UN ALLENGING.

Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral of funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Peges 1 and 2 director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Peges 1 and 2 and 2 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

VR A15 (4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 is should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and sind my event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

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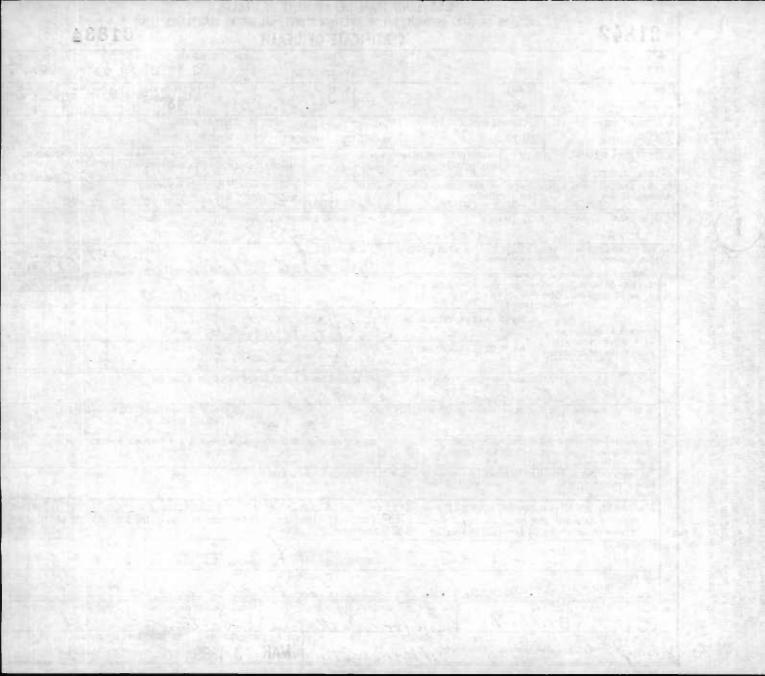
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

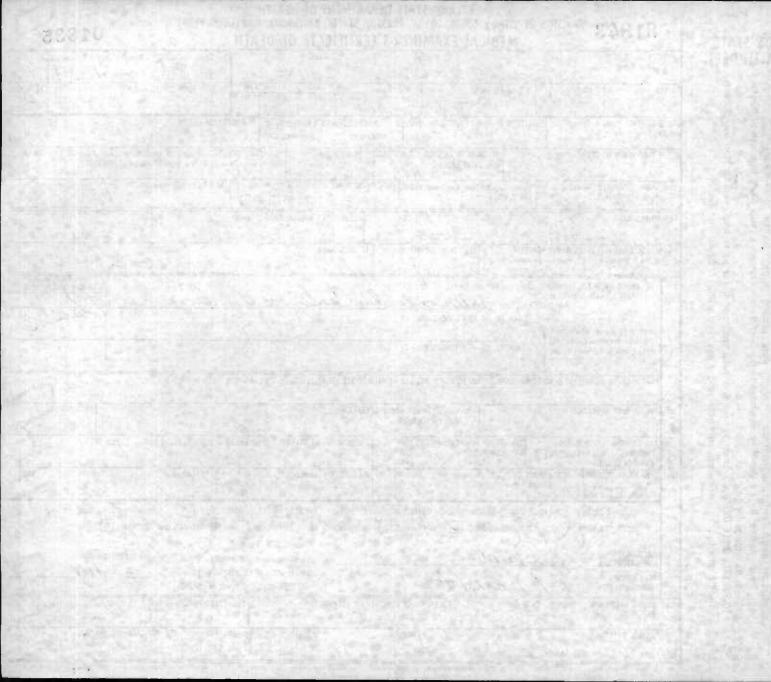
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	CEASED-NAME First ype or print) Rose	Middle	Cav	lost vanuagh	20.	DATE OF DEATH 2 Month 27 Do	y 69 Yeor	26. HOUR A
3. SE	X	4. RACE	S	DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS   DAYS	IF UNDER 24 HRS.
	Female	White		an. 2	3, 1891	lost windoy)	MONTHS DAYS	HOURS MIN.
7o. E	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COU	NTY OF DEATH		
cont	aryland	USA	WIDOWED 3		H .	Anne Arundel		Md.
10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	ISTITUTION (If not	in hospital	120. USUAL OCCL	JPATION (Kind of work done		BUSINESS OR
G	len Burnie	North Arund	el Hos	P	during most of y	vorking life, even if retired.)	INDUSTRY	1 .0
130.	USUAL RESIDENCE (Where decease	d lived, if institution: Residence before			NSIDE CITY LIMITS?	13e. STREET AND NUMBER	A.C.	Herry
odmi	ssion) STATE IVI	Anne Arundel	Glen H		NO [	943 Sunnybro	bk Drive	2
14. [	ATHER'S NAME First	Middle Lost		MOTHER'S MAIDEN	NAME First	Middle		Lost
	John =	L waring		mary	, 7			
160	WAS DECEASED EVER IN U.S. ARME		NO 17. INF	ORMANT	4	Address	- a a a m	
	es, no, or unknown) (Il yes give wa	r ar dates of service)	0	D. las	+1-1	1 3	309B	ensonley
	710	11 ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Vier	Merco	1. 6	avanaugn		MATE INTERVAL
	PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), ond (c)	10		10	Rotio	BETWEEN C	ONSET ANO DEATH
		TE CAUSE (o)	Cou	NO <	710	-0-2007 C		
	2000	DUE TO, OR AS A CONSEQUENCE OF	Mop	100, 1	Dan a	0-00	0.00	
	Conditions, if ony, which gove rise to immediate couse (a),	(b)	Egypt	150.	ierce	brain		
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF		51	0, 11	A >		
	lost.	(c)		000				
	PART 2. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT I	IOT RELATED TO 1	THE TERMINAL DIS	EASE OR CONDITIO	ON GIVEN IN PART 1(o)		
NO	Grobel	es Welliters,		dons				
CERTIFICATION	196. DATE OF OPERATION 196. C	ONDITION FOR WHICH OPERATION WAS P	ERFORMED	20o. AUTOPSY?	NO 🗌	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN C	ERTIFYING
	210. ACCIDENT WAS UNDERLYING	2.0		INJURY OCCURR	ED (Enter noture	e of injury in Port 1 or Part 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine		9					
ME	21d INJURY OCCURRED 21e F	PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.		ATION Street or	R.F.D. No.	City or Town	County	Stote
	While Not while ot work			9 01	1 60		10.	
	22a. I certify that (I) (this	s haspital) attended the deceasive an	ed from			ta 2-27, 19	67, that	(I) (we) last
	causes stated above	(I) (we) (did) (did nat) view the	hady after de	inai in (my) ( ath	aur) apinion (	death accurred on the d	ate and naur	and fram the
	22b. SIGNATURE	(i) (ve) (did) (did fidi) view file	budy until do	1		22c	DATE SIGNED	
d	U	. Onkan	DEGREE	ATTENDING	MED.	STAFF C	-27-	-69
	22d. PHYSICIAN'S			22g. ADDRESS	/	7 - 100	OM B	2
	NAME (Type) Cenap	Dorkan, M.D.		325	Hopi	tal Drive.	Flees 3	nunc
230.	BURIAL, CREMATION, 23b. D.	ATE 23c NAME OF	CEMETERY OR C	REMATORY	23d.	LOCATION (City or Town)	(County)	"(Stote)
	REMOVAL (Specify)	3/69 Jan	low D	ork, 4	eur . Th	Baltimore	Dr	
24	FUNERAL DIRECTOR	D Q ADDRES	5		. REC'D BY REGIS		SIGNATURE	THE REAL PROPERTY.
8	thing Course	assen Inc. 901 H	officer	pt. D	MAR 3	1969 Valuare	Pan Yerry	64 T

23, ma .



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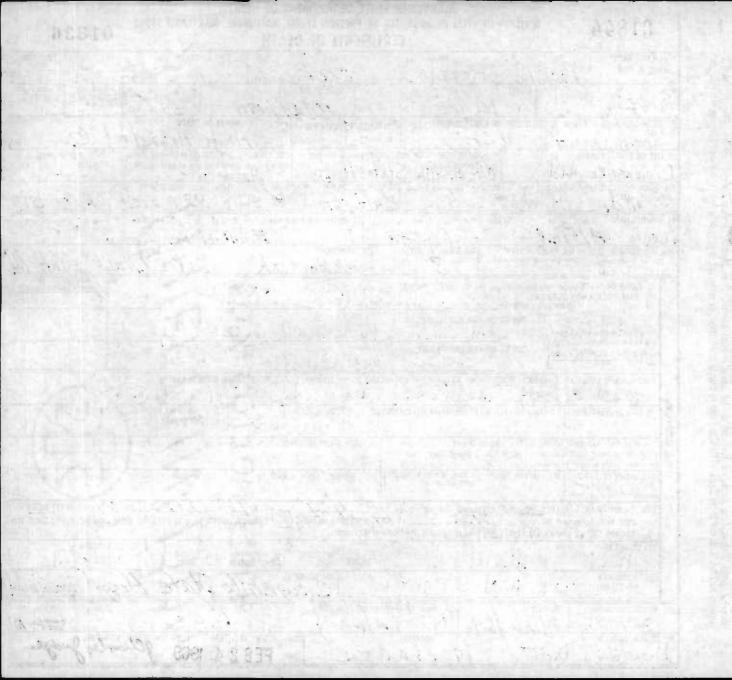
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

01836

		CENTIFICATE OF DEATH
		receased NAME Picolla, Peco A Cook 20. DATE OF DEATH  Sype or print)  Picolla, Peco A Cook 20. DATE OF DEATH  Sype or print)  Picolla, Peco A Cook 20. DATE OF DEATH  Sype or print)
1	3. SE	
ľ	v. JL	last birthday) Months DAYS HOURS M
ŀ	70 P	SIRTHPLACE (State or foreign 17) (1717FN OF WHAT COUNTRY? 8 MARRIED 19 COUNTY OF DEATH.
	caun	WIS OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12 IISLIAL OCCUPATION (Kind of work done 12th KIND OF RUSINESS OR
	10. C	
	Ci	rownsville, Md. give street address) The State Hosp, during most of working life reven if retired.) INDUSTRY
	130.	USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c-CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER
-	odmi	ssian) WAY, USb. COUNTY _ BALTINOSE YES NO BELL EAST Chase ST
ľ	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
ı		ICC.) Altred INMAN EMMAtere
		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT  (If yes give wor or dates of service)
ŀ	_	NO WAITER CON SKI E. CHASE OF WAY!
l		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PADT I PASTU MAX CAUSED MAX CAUSED MAY
ı		IMMEDIATE CAUSE (a) CORP PROCESSAL COS CALCOSTO
ı		Conditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave)
ı		rise to immediate couse (a),
۱		stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF LINES.
l		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
l	z	Mild didretes welle for, o ben'ty. FW(2 to @?).
	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? VES NO SEE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ı	CERTI	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)
ı		□ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. MONTH Doy Year
ı	MEDICAL	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
ı		While Not while of work OFFICE BUILDING, ETC.
ı	7	22a, I certify that (1) (this hospital) attended the deceased from 1/2/1, 1967, ta 2/22, 1969, that (1) (we) 1
ı		saw the deceased alive an
		22b. SIGNATURE 22c. DATE SIGNED 1
ı		Wick P. Maut Sox DEGREE PHYS. DEGREE PHYS. DIRECTOR DIREC
		22d. PHYSICIAN'S NAME (Type) NICK P-MOUTSOS 22e. ADDRESS CHOUNSING State Hosp. Crowsillo
ŀ	230	BURIAL, CREMATION, 23b. DATE / 23c. NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City or Town) (County) (Stote)
		REMOVAL (Specify) 2/26/69 MT. CALLARY A. Co.,
ŀ	24.	FUNERAL DIRECTOR ADDRESS 2SO. REC'D BY REGISTRAR 2Sb. REGISTRAD'S SIGNATURE
ı	1	ADRIAN I DIGIT 1701 HAVETAS DATE FER 2 4 1969 Cliantes Jung



Page 4 may be retained by the haspital ar attending physician.

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

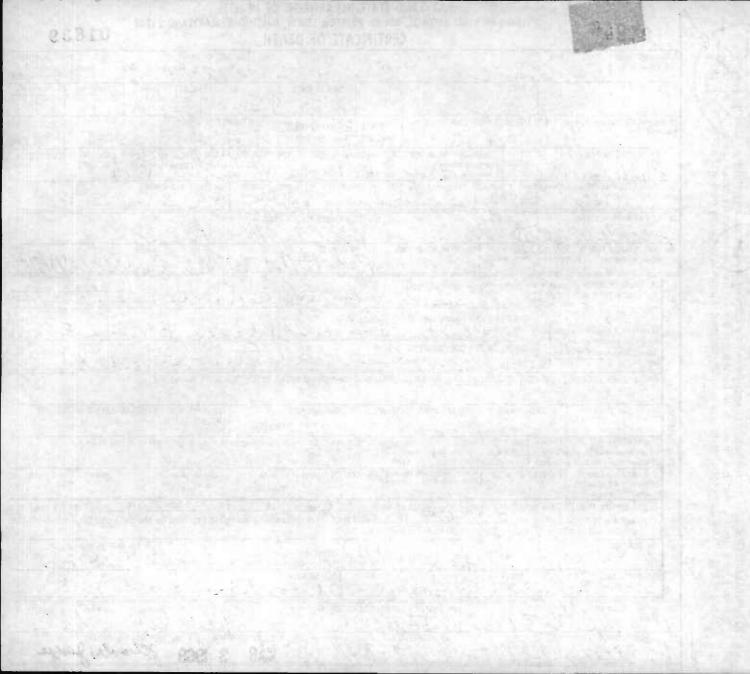
CERTIFICATE OF DEATH

01838

	DECEASED-NAME Type or print)	First Albert		Middle Franklin	(	Last CRANFOR	RD	20. DATE O		Doy 69 Year	2b. HOUR
3. S			4. RACE			S. DATE OF B	IRTH		6. AGE (In years	IF UNDER 1 YEAR	
	Male		l.	/hite		July 3	30, 189	6	lost birthday)	RS. MONTHS DAY	YS HOURS MIN
	BIRTHPLACE (State on ntry)  Mary		b. CITIZEN OF WHA	T COUNTRY?	B. MARRIED WIDOWED	NEVER MAI	RRIED	9. COUNTY O	DEATH Arundel	County	Md
10.	CITY OR TOWN OF DE	ATH	11. NA/	ME OF HOSPITAL OR INS	TITUTION (If n	ot in hospitol		L OCCUPATION	(Kind of work do	ne 12b, KIND	OF BUSINESS OR
	Annapoli			Anne Aru	ndel (	eneral	HOSDI	tal working	life, even if retired	nter US	Gov't,
13o.	USUAL RESIDENCE (Vissian) STATE	Where deceased Marylan	lived, if institution 13b. COUNTY	n: Residence before ne Arundel	13c. CITY OR	TOWN	13d. INSIDE CITY LIV YES NO	MITS? 13e. S	TREET AND NUMBER 20 Madiso		
14.	FATHER'S NAME	First	Middle	Last	15		AIDEN NAME FI		Middle		Last
	Fra	nklin	Elswor	th Cran	ford		Annie			King	
160	WAS DECEASED EVE	R IN U.S. ARMED		16b. SOCIAL SECURITY N	0. 17. 1	NFORMANT			Address	3	
	Yes, persunknown)	MM I		214-05-1	233 A	lva L.	Cranfo	rd -sa	me as #		
	IB. CAUSE OF DEA PART I. DEATH	WAS CAUSED E	one cause per line BY: CAUSE (o)	far (a), (b), and (c).)	list	Alfre	ection		16-16-11		OXIMATE INTERVAL N ONSET AND DEATH
	Conditions, if ony, rise to immediate stating the underlast.	which gave )	DUE TO, OR AS	A CONSEQUENCE OF	ud Cal	end	Qa.	Tie C	newig	m 7	Doys -
	PART 2. OTHER SIG	NIFICANT CONDI	TIONS CONTRIBUTI	NG TO DEATH BUT NO	T RELATED TO	THE TERMINA	AL DISEASE ORC	ONDITION GIVE	N IN PART 1(a)		
CERTIFICATION	190. DATE OF OPERA	TION 19b. CO	NDITION FOR WHIC	H OPERATION WAS PER	FORMED	20o. AUTO			F YES, WERE FINDING S OF DEATH?	S CONSIDERED IN	CERTIFYING
MEDICAL CER	21a. ACCIDENT WA	CAUSE OF DEATH	21b. TIME OF HOUR A.M. P.M.	NJURY Manth Day Year	21c. H0	OW INJURY OC	CURRED (Enter	nature of inju	ry in Part 1 ar Part	2, Item 1B.)	
ME	21d. INJURY OCCUP While Not whi at work at work	RRED 21e. PL	ACE OF INJURY (	AT HOME, FARM, STREET, FACT DEFICE BUILDING, ETC.	ORY.) 21f. LC	CATION Street	et ar R.F.D. Na.	City	ar Tawn	County	State
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	22b. SIGNATURE	Q. 1	UC C	IL M	DEGR	EE PHYS.	DI	ED. RECTOR	STAFF PHYS. 2	DATE SIGNED	269
30	22d. PHYSICIAN'S NAME (Type)	0. 1				22e. ADD		0 . 1 . 1			
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01839 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost death. 20. DATE OF DEATH 2b. HOUR executed within 24 haurs after death campletely filled in by the funeral nave carban papers. Pages I and y event, within 72 haurs after death (Type or print 30 Yeor 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) MONTHS HOURS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TANEVER MARRIED emave carban papers. country) WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if refired INDUSTRY sesee 130. USUAL RESIDENCE (Where declosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBE STATE 13b. COUNTY burial, crematian, ar remaval, and in any 14. FATHER'S NAME First Lost MAIDEN NAME Middle Lost pe The law requires that the death certificate No. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. INFORMANT Yes, no. or unknown) (If yes give wor or dates of service) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove to burial-transit rise to immediate couse (a). signed by DUE TO, OR stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) affending has been directar, page 3 should be detached far use as the shauld be filed with the State Dept. af Health prior ta 19o. DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO F this certificate TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical exominer) P.M 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while of work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive an and that in (my) (aur) opinian death accurred an the date and have and fram the couses stoted abave, (1) (we) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR PHYSICIAN 22e ADDRESS BURIAL, CREMATION, 23b. DATE MAME OF CEMETERY OR CREMATORY LOCATION (City or Jown) (County) DATE



MARYLAND STATE DEPARTMENT OF HEALTH 01847 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01840 CERTIFICATE OF DEATH DECEASED-NAME Middle death. 20. DATE OF DEATH executed within 24 hours after death pup and campletely filled in by the funeral remave carban papers. Pages 1 and in any event, within 72 haurs after deat (Type ar print) 3. SFX 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR MONTHS DAYS HOURS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED V DIVORCED [ 10 CITY OR TOWN OF DEATH during most/of working life, even if resired.) INDUSTRY 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE and in any 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First Last Middle please physician tificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 7 Holdeson D Yes, na, ar unknown) (If yes give war or dates of service) burial, cremation, ar remaval, attending phys 18. CAUSE OF DEATH (Enter only one cause per line fer (a), (b), and (c).) The law requires that the death PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) Conditions, if any, which gave ? burial-transit rise to immediate cause (o), **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. signed by DUE TO, OR AS stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) has been be detached far use as the State Dept. af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NOJ 7 this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED Enter nature of injury in Part 1 or Port 2, Item 18.1 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 3 shauld be detached 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while OFFICE BUILDING, ETC. at wark ot work O FUNERAL DIRECTOR: After 22o. I certify that (I) (this hospital) attended the deceased fromsow the deceosed olive on\_ ., and that in (my) (our) opinion death occurred on the date and hour and from the directar, page 3 shauld shauld be filed with the couses stated above, (I) (we) (did) (did not) view the bedy ofter death. 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type) BURIAL, CREMATION 23b. DATE , NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) DIRECTOR 2Sq. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Music by 45M

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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S. DATE OF BIRTH	6. AGE (In last birthe	10013	ER I YEAR DAYS	IF UNDER 24 HOURS

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the death certificate be executed within 24 haurs after a stending physician and completely sited in by the Fut permit. Then please remove carbair papers Proper. I stian, or remayal, and in any event, within 2 hours after	31		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CIT issian) STATE 136. COUNTY RD 1 T 1400 = 1	TY OR TOWN 13d. INSIDE CITY LIMITS?  RAITO YES NO	13e. STREET AND NUMBER	IREPRY			
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ate b ician lease and i		16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO.	17. INFORMANT	Address				
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eath certifi ending phy nit. Then or remava			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ndir.			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		0)	12 hours			
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ital o pital o tificata far dar af Hec		ICAL C	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   10 or contributing   Cause of Death   HOUR A.M. Manth Day Year   P.M.   19	Nc. HOW INJURY OCCURRED (Enter natu	re at injury in Part I at Part 2, Her	m 18.)			
YSI dasp cert cert ched pt. a	30	WED	21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 2	21f. LOCATION Street ar R.F.D. Na.	City ar Tawn	Caunty State			
the this deta	A3	2	While Not while at work at work		/				
by t ffer ffer be o			22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an	n 12,99,1968	to 2 , 10, 19 (	that (I) (we) last			
P P P P			saw the deceased alive an	), and that id (my) (aur) apinian Iter death	death accurred an the date	and haur and fram the			
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OR Joe re			Mureddin Er, 40.	DEGREE PHYS. MED. DIRECTO	OR D STAFF D 2	19,69			
ral al D page e file			22d. PHYSICIAN'S NAME (Type) NUREDDIN ERK	22e. ADDRESS	- 101 -	1400			
VER Id by	1	, 1		00000		Hosp. MD.			
HOSP age 4 FUNE irector hauld		23a.	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETER	RY OR CREMATORY 23d		(Caunty) (State)			

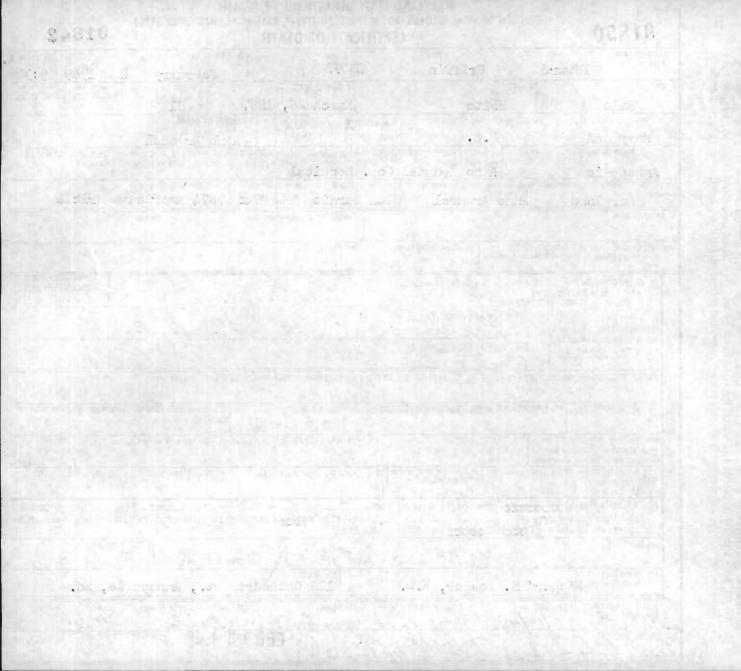
ADDRESS 250. REG

2Sa. REC'D BY REGISTRAR

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01841 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME First Middle Lost 2b. HOUR death. Month 2 law requires that the death certificate be executed within 24 haurs after death and (Type or print) Charles Davis 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthdoy) NOURS Male Caucasian 1-30-1 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Baltimore, Md. Anne Arundel County filled in United States WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give Weet address) Arundel during most of working life, even if retired.) Glen Burnie physician and completely 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before and in any event, 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? Route 1 admission) STATE Maryland YES NO V Arundel Glen Burnie Marley Neck Rd. Box 124 15. MOTHER'S MAIDEN NAME First Emma 14. FATHER'S NAME Middle Lost First Middle Last Berg Davis Charles 17. INFORMANT Gler Burnie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address (If yes give war or dates of service) Yes, na. ar unknawn) Mrs. Myrtle N. Davis Box 124 RouteX 1 ar removal, APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)( BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) burial-transit MOUNTY rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stoting the underlying cause signed t PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED ITO! THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) priar ta l O FUNERAL DIRECTOR: After this certificate has been far use as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO D Health p ATTENDING PHYSICIAN: 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. be detached 21d. INJURY OCCURRED (AT NOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at work of wark 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 1964, and that couses stated above, (I) (we) (did) (did nat) view the body after death. 19/4, and that in (my) (aur) apinion death occurred on the date and hour and from the 22b. SIGNATURE 22c DATE SIGNED MED. DIRECTOR STAFF PHYS. ATTENDING DEGREE director, page shauld be filed PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type 707 Old Annapolis Road, Glen Burnie, Md. 23c. NAME OF CEMETERY OR CREMATORY
Glen Haven Memorial Pk 23d. LOCATION (City or Town) (Co Glen BurnielMd. 23b. DATE 23a. BURIAL, CREMATION. (County) REMOVAL (Specify)
Burial 2/10/69 1969 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** Misulas Patapsco Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01850 01842 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2b. HOUR A Lost 20. DATE OF DEATH (Type or print) Griffin DAVIS Edward 9:30M February 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINGER 24 HRS lost birthday) MONTHS Male White March 28, 1887 YRS executed within 24 hours tampletely filled in by 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED (country) Maryland ease remove corban papers. U.S. and in ony event, within 72 WIDOWED | DIVORCED [ Anne Arundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Anne Arundel Gen . Hospital during most of working life, even if retired.) INDUSTRY Annapolis 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland Anne Arundel YES 7874 Americana Cricle Glen Burnie NO Set 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First cian and Middle Lost requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) (If yes give war or dates of service) buriol, cremotion, or removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o' DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gove? signed by the burial-tronsit p rise to immediate couse (o), 4 may be retained by the hospital or attending physician. stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detoched for use as the be detached for use as the State Dept. of Health prior ta 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work O HOSPITAL OR ATTENDING 22a. I certify that (1) (this hospital) attended the deceased from 196), and that in (my) (eyr) apinian death accurred an the date and have and from the saw the deceased alive an. director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did not) view the bady after death. 226. SIGNATURA 22c. DATE SIGNED ATTENDING DIRECTOR PHYS. PHYS 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) Richard N. Peeler, M.D. 121 Cathedral St., Annapolis, Md. 23o., BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01851 CERTIFICATE OF DEATH 01843 DECEASED-NAME First Middle 2a. DATE OF DEATH death. executed within 24 haurs after death ican and completely filled in by the funeral lease remave carbon papers. Poges 1 and and in any event, within 72 hours after death (Type or print) FEBRUARY BETTY LEE DAYTON 5. DATE OF BIRTH 6. AGE (In years 3. SEX 4. RACE IF UNDER 1 YEAR last birthday) OCTOBER 1919 FEMALE WHITE 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED WIDOWED U.S.A. ANNE ARUNDEL 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR AM. FODD street address) during most of working life even if retired.) please remave carban STDR LINTHICUM 13g. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? **#510 LA CLAIR** INTHICUM AVENUE 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Lost requires that the death certificate be AUBREY RDSS MARY COFFMAN physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address DONALD M. DAYTON (husband) SAME AS#13 crematian, or remaval, 22 3108 MR. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) authorn DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave burial-transit nse to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying couse burial lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the prior ta t TO FUNERAL DIRECTOR: After this certificate has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING arcinoma Colon CAUSES OF DEATH? af far use a YES [ NO TA No. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. directar, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while at wark at wark 22a. I certify that (1) (this haspital) attended the deceased from 1.2 saw the deceased alive on 1966, and that causes stated above, (1) (we) (did) (did nat) view the body after death. \_19\_68, and that in (my) (our) opinion death occurred on the date and hour and from the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (State) WESTERNPORT MARYL AND FEB. 18.1969 PHILOS CEMETERY SINGLETON POR SINERAL HOME 30M REV. 1

GLEN BURNIE, MARYLAND

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delay is and 3 ta P.M.S. Page partment of pup ny Give Pages 1, 7 after death alang with 24 haurs land 2 Office in pencil in Item I Examinér's pages within E be executed permit. the Chief Medical pending burial-transit certificate shauld necessary, please execute the certificate, writing the word O farwarded SD nsed pe 4 should be 3 shauld EXAMINER: files. Your the funeral directar. Page retained far

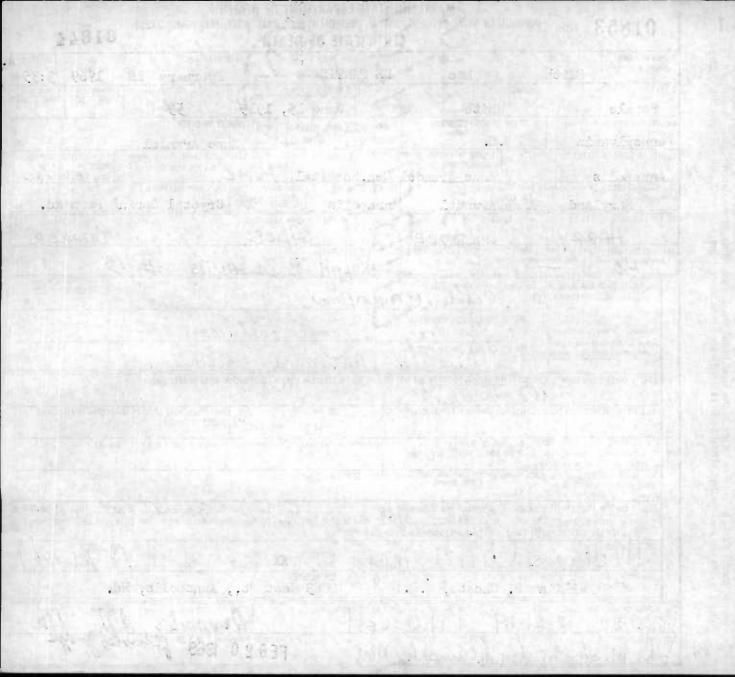
death. after haurs 72 within event any .= and remayal, 10 crematian, FUNERAL DIRECTOR: Page burial, prior may be Health 50

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Items 788 Film GL10 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3/26/69 kk 03287 MEDICAL EXAMINER'S CERTIFICATE OF DEATH [tems] | 12 5 &1 3 1. DECEASED-NAME First Middle Lost 2b. HOUR 83 20. DATE KNOWN Month Yeor (Type or Print) ELIZABETH DEMENT 8:00m 169 DEATH MATED Feb. 17 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR lost birthday) HOURS Female. Negro 70+ 19 698:00 Feb. YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Anne Arundel country) DIVORCED USA 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) N. bound track B. O during most of working life, even if retired.)

R. R. North of 176 Dorsey 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Catonsville Dorsey 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR, TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Spring Grove State Hospital YES NO unknown unknown 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME Middle Lost W. Price George E. Gloves Carrie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 17. INFORMANT (Yes, no. or unknown) (If yes give war or dates of service) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Injuries IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20. AUTOPSY? Head-Only 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) MEDICAL PRIMARY OR CONTRIBUTING HOUR AND 2/16/19 69 Subjectruck by train while walking on track CAUSE OF DEATH 21d, INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK B.O.RR. Annapolis Balt. M.D. Dorsey Road 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry ond in my opinion Accident x death resulted fram: Noturol causes Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE 2/17/69 DEPUTY MEDICAL EXAMINER **FXAMINER'S** Edward F. Wilson, M. D. NAME (Type ADDRESS(Street, city, town, or county) 230. BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

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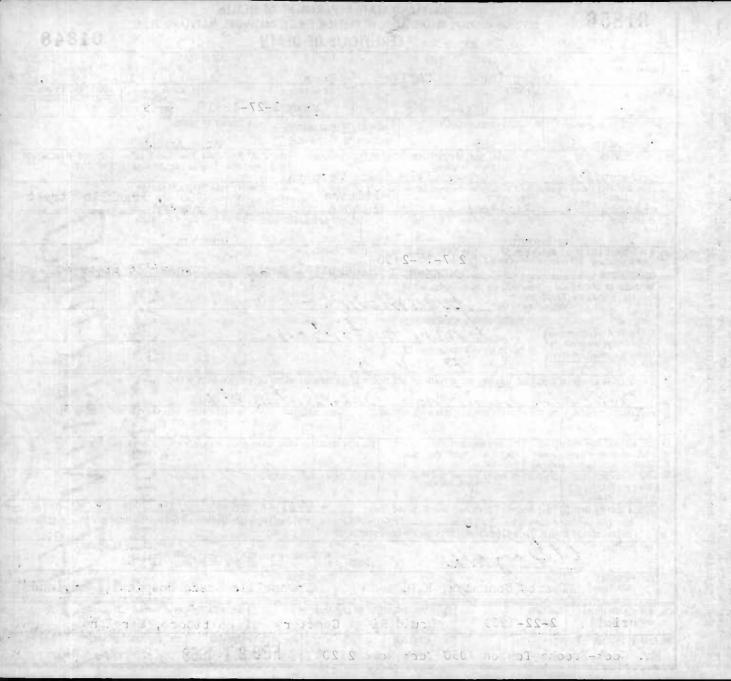
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 7, 12, 17, 23 Film Chilo 3/11/69k CERTIFICATE OF DEATH 01846 2g. DATE OF DEATH 2b. HOUR DECEASED-NAME death. sician and completely filled in by the funeral please remove carbon papers. Pages 1 and Manth Year 69 (Type or print) within 24 haurs after deat 12:30% Downs Kathryn RHWMM IF UNDER 1 YEAR IF UNDER 24 HRS. S. DATE OF BIRTH 6. AGE (In years 3. SEX last birthday) MONTHS DAYS HOURS 9/23/20 female Caucasian 48 YRS. papers. Pogi 9. COUNTY OF DEATH 7o. BIRTHPLACE Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) DIVORCED 💭 WIDOWED [ West/ Wirchinia Anne Arundel USA 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH **INDUSTRY** during mast, at working life, even if retired.) give street address) Housewife/ Hospitals Crownsville State Hosp. Crownsville 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? PHYSICIAN: The law requires that the death certificate be executed admissian) STATE Vab COUNTY Baltimore YES NO T 1010 St. Paul Street Baltimore Maryland gny IS. MOTHER'S MAIDEN NAME First Middle Last 14. FATHER'S NAME Middle signed by the attending physician only burial-tronsit permit. Then please rem buriol, cremation, or removal, ond in an Picken Allie Bland George 17. INFORMANT Dusold 5 Martin Mr. Millersvill Hospital/Records//Crownsville/State/Hosp/ 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Millersville (If yes give war or dates of service) Yes, na, ar unknown) 463-58-1980 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ROWCHOPNEN MONIA PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar ottending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH? YES-NO T ed for use of Heolth p TO FUNERAL DIRECTOR: After this certificate directar, page 3 shauld be detached for us 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County 21d. INJURY OCCURRED State Dept. While Nat while of wark 22a. I **certify** that (I) (this haspital) attended the deceased from 2/20/69, 19, ta 2/26, 19, 69, that (I) (we) last saw the deceased glive on 2/26 19, and that in (my) (aur) apinian death accurred an the date and haur and from the directar, page 3 shauld should be filed with the causes stated above, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. 2/26/69 DEGREE PHYS. 22e. ADDRESS Crownsville State Hospital, Maryland 22d. PHYSICIAN'S NAME (Type) Alberto Gonzalez, M.D. 236- NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE 23a. BURIAL, CREMATION, REMOVAL (Specify) Ill. Elgin Lake/Street/Cemetery 3-1-69 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 141 Vm. Cook-Brooks Towson, Inc. Towson, Md. Milanelan 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH 01855 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01847 Last DECEASED-NAME First Middle 2g. DATE OF DEATH within 24 haurs after death (Type or print) Month EADES Virginia Ann February 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) HOURS physician and campletely filled in by the Feb. 7, 1926 Female Negro 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Virginia U.S. WIDOWED [ DIVORCED [ Anne Arundel 120. USUAL OCCUPATION (Kind of work done during most of working life fever if extred.) 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspitol 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR the attending physician was earbon to are a remained to the please remained with Gen. Hospital Annapolis 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed.

Page 4 may be retained by the haspital ar attending physician. event. 13d. INSIDE CITY LIMITS? odmission) STATE Maryland Anne Arundel YES X 468C Boston Hgts. Circle Annapolis and in any TS MOTHER'S MAIDEN NAME First . WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, na, ar unknawn) (If yes give war or dates of service) or remaval, 1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove burial-transit rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? CAUSES OF DEATH? YES X NO 🔲 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town Caunty While Not while at wark 22a. I certify that (1) (this hospital) attended the deceased from. 1969 and that in (my) (aur) apinian death occurred on the date and hour and from the saw the deceased alive an\_ causes stated above, (1) (we) (did) (did not) view the body after deoth 22b. SIGNATURE) 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS director, page shauld be filed 22d. PHYSICIAN 22e. ADDRESS NAME (Type) 121 Cathedral St., Annapolis, Md. 23c. NAME OF CEMETERY OR FREMATORY 23a. BURIAL, CREMATION LOCATION (City or Tawn) 23b. DATE

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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death Land and 2 death.			ASED-NAME William H. GARDNER 20. DATE OF DEATH FEB. Month 4 Day 969 Year 3:40 A
24 haurs after death ed in by the funeral apers. Peges 1 and 72 haurs after death	and a	3. SE	4. RACE  S. DATE OF BIRTH  APRIL 12, 1915  6. AGE (In years   IF UNCER 1 YEAR   IF UNCER 24 HRS.   IF UNCER
124 haur Illed in by papers. Payers.		cann	THPLACE (State or foreign USA   B. MARRIED) NEVER MARRIED   9. COUNTY OF DEATH ANNE ARUNDEL Md
within poor property within	54	GI	OR TOWN OF DEATH  IN AME OF HOSPITAL OR INSTITUTION (If not in hospital BURNIE), MARYLAND giving oddess RUNDEL HOSPITAL  UAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN  13d. MISDE CITY LIMITS  13e. STREET AND NUMBER
and campletely remove carban any event, with	02	admi	on) STATETARYLAND   136 ACQUINE ARUNDEL GLEN BURNIE   YES NO   7824 Bruton Drive-
ritificate be executed the physician and camplesten please remove carloval, and in any event,		16a.	HER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last Last Local Mother's MAIDEN NAME First Middle Last Last Local Mother's MAIDEN NAME First Middle Last Last Local Mother's MAIDEN NAME First Middle Last Last Last Last Last Last Last Last
eath ce anding nit. Th ar rem			PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS & CONSEQUENCE OF
res that the disidan.  ed by the atteal-transit pernal, crematian,			anditions, if any, which gave to immediate cause (a), ating the underlying cause (b)  (c)  (b)  (b)  (b)  (c)  (b)  (c)  (b)  (b
e law requires tending physici as been signed as the burial-i priar ta burial,		TION	ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEWITH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  G. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
AN: The la al ar atten- icate has b far use as Health pric	2	CERTIFICATION	a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
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TTENDIN zined by OR: Afte rauld be h the Sto			sow the deceased alive on
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Page 4 may ro FUNERAL director, page 5 should be file.	1		PHYSICIAN'S MAX C PLANK up 22e. ADDRESS SE Ritche Huy Glenking of
Page To FUN direct	1.0		URIAL (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
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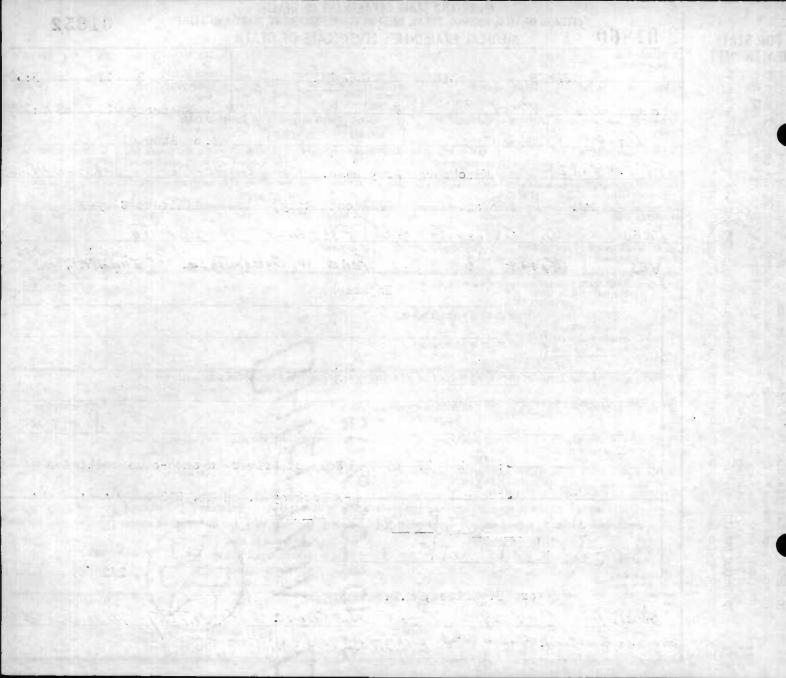
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01859 01851 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle death. Lost 20. DATE OF DEATH 2b. HOU₽ law requires that the death certificate be executed within 24 haurs after death. and (Type or print) completely filled in by the funeral John William GIBLIN,, Sr. February 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthdoy) HOURS Male White April 20, 1889 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED (ountry) Pennsylvania U.S. WIDOWED 7 DIVORCED Anne Arundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Anne Arundel Gen. Hospital INDUSTRY during most of working life, even if retired.) cian and completely tease remove carbon Annapolis 13o. USUAL RESIDENCE (Where deceosed lived, if institution, Residence 13e. STREET AND NUMBER 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME, First Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no sor unknown) (If yes give war or dates of service) signed by the attending phy APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a). stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO . af Health priar to b Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been far use as the 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO XX 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram \_\_\_\_\_\_\_\_, 19\_\_\_\_\_, ta\_\_\_\_\_\_\_, 14\_\_\_\_\_\_, that (I) (we) last saw the deceased alive an \_\_\_\_\_\_\_\_\_, 19\_\_\_\_\_, and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. director, page 3 should should be filed with the 22b. SIGNATURE ATTENDING

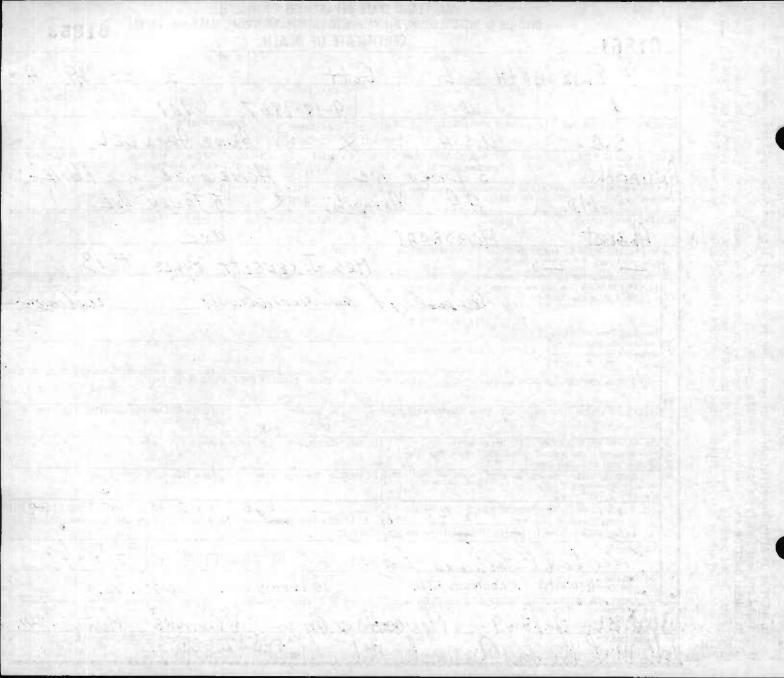
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01852 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 20. DATE KNOWN HEALTH DEPT. 1. DECEASED-NAME Middle First Month Yeor 2b. HOUR (Type or Print) OF ESTI-Poge af DEATH MATED TAMES L.F.E. COLDSMITI iny deloy Department 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. DATE PRONOUNCED DEAD 2d. HOUR P.M3 last birthday) Doy Yeor YRS 1969 White Male February 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) V.5.A. WIDOWED DIVORCED [ Anne Arundel in Item 18. Give Pages ahd 2 with the State ofter deoth 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office along with during most of working life even if retired.) INDUSTRY' ALVA give street oddress) Kinehrough Army Hosp NSPRELER death. 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY odmission) STATE Ellicott City hours hours after Middle IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME C poges Ceoldsmilh 24 P. ENGIZ. forwarded to the Chief Medical Examiner's 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS FRED Rd pencil be executed within 21043 (Yes, no, or unknown) w. Goldsmith SR read EllesoTICi DAIER File 72 APPROXIMATE INTERVAL .⊑ within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Injuries BETWEEN ONSET AND DEATH burial-transit permit. "pending" PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), This certificate should writing the word ony DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 0 00 removal, used 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 3 NO F please execute the certificate. pe the funeral director. Page 4 should be b 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) Page 3 should PRIMARY K OR CONTRIBUTING HOUR A M cremation, SICAL EXAMINER: CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, driver in auto-auto collision 21d INJURY OCCURRED Stote foctory, office building, etc.) WHILE AT WORK AT WORK Md. Street burial, 22a. I certify that I taak charge of the remains described above, held an Autopsyxx, moy be retained far FUNERAL DIRECTOR: Inspection Inquiry and in my apinian Accident XX death resulted fram: Natural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 2/28/69 **EXAMINER'S** 5 moy O FUNE Health ADDRESS(Street, city, town, or county) NAME (Type Wilson MAME PRETERY OR CREMATORY 230. BURIAL, CREMATION PEMOVAL (Specify) 23d. LOCATION (City or Town) (County) (State) ShaPhEnd DURIA WADO 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Higinbo Firm. S VR A15ME (\$ 10M REV. 1

MARYLAND STATE DEPARTMENT OF HEALTH





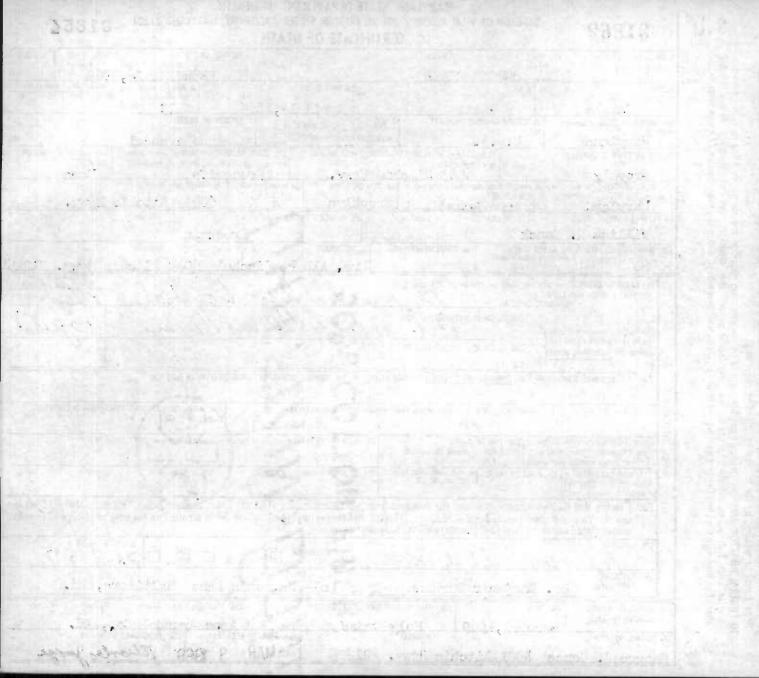
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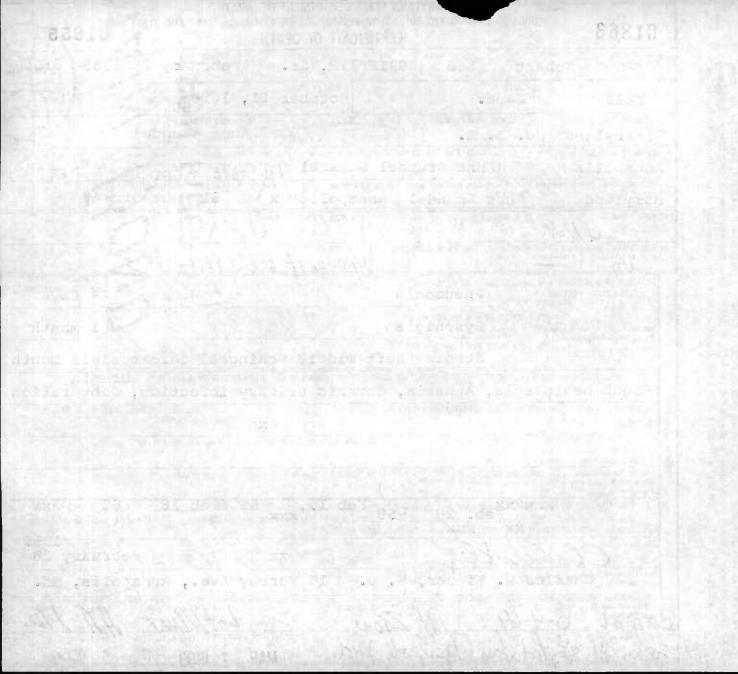
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		01000		CI	ERTIFICATE OF	DEATH		0100	
		CEASED-NAME ype or print)	First	Middle	Last	2	o. DATE OF DEATH  Manth De	V	2b. HOUR
Same and			RITA SMUCK	GREEN			FEBRUARY 26	1969	
	3 SE	X	4. RACE		S. DATE OF	BIRTH	6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HR
Total Control	1	Female	Wh	ite	Apri	1 17,1895	73 YRS.		HOURS MI
-	7o. E	IRTHPLACE (State or fore	eign 7b. CITIZEN OF W		B. MARRIED 🔲 NEVER M.	ARRIED 9. C	OUNTY OF DEATH		
		Maryland	U.S.A			ORCED	Anne Amindel		1745
0	10. C	Brooklyn	11. N give	AME OF HOSPITAL OR INSTI street address) 6013 Ritch	TUTION (If not in hospital	during most o	CUPATION (Kind of work done f working life, even if retired.) Sewife	12b. KIND OF INDUSTRY Home	
		USUAL RESIDENCE (When	e deceosed lived, it institu	tion: Residence befare	3c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	Tollite	
2	admi	ssion) STATE Maryland	13b. COUNTY	Amindel.	Brooklyn	YES NO	6043 Ritch	ie Hawy.	- 63
ı	14. F	ATHER'S NAME First	Middle	Last	1S. MOTHER'S	MAIDEN NAME First	Middle		Lost
		William H.	Smuck			F	reesman		
5	16a.	WAS DECEASED EVER IN	U.S. ARMED FORCES? If yes give war or dates of service)	16b. SOCIAL SECURITY NO	. 17. INFORMANT		Address		
П	10.	es no, ar unknawn)	, , , , , , , , , , , , , , , , , , , ,		Mrs. All	bert Gisch	nel 60/8 Ritc	hie Hewy	212
		18. CAUSE OF DEATH (	Enter anly one cause per li	ine for (a), (b), and (c).)	1	101	1 01		MATE INTERVAL DNSET AND DEATH
		PART I. DEATH WA	S CAUSED BY: IMMEDIATE CAUSE (a)	11/10	Curden	MAMIC	from Kent	1/11	w
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		Canditions, if any, whice rise to immediate cau	h gove ) (b)	urler	ordente	i Hem	+ Kloud	10	tens
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1	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATION WAS PERF	ORMED 20a. AU YES [		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CI	ERTIFYING
/		21a. ACCIDENT WAS UN			21c. HOW INJURY C	CCURRED (Enter nat	ure af injury in Part 1 or Part 2,	, Item 18.)	
	MEDICAL	OR CONTRIBUTING CAU	l exominer) P.M.	Manth Day Year 19	300				
	M	21d. INJURY OCCURRED While Not while at wark		( AT HOME, FARM, STREET, EACTO OFFICE BUILDING, ETC.	1		City ar Town	County	State
		22a. I certify that	(I) (this-haspital) att	ended the deceased	fram June	, 1954	, ta fet 26, 19 In death accurred an the d	9 <u>69</u> , that	(1) (we) I
		saw the dece causes stated	ased alive an	(did not) yjew the be	ady after death.	my) (oʊr) apiniar	n death accurred an the d	ate and haur	and fram
		22b. SIGNATURE	nun Se	Idann	DEGREE PHYS.	DING MED.	STAFF COLO	DATE SIGNED	9
		22d. PHYSICIAN'S NAME (Type)	Dr. Benjami	n Berdann	22e. Al 615	DRESS Hammonds	Lane Baltin	ore, Md.	
	23o.	BURIAL, CREMATION,	23b. DATE	23c. NAME OF CE	METERY OR CREMATORY	23	d. LOCATION (City or Town)	(County)	(Stote)
W)		REMOVAL Speciful	March 1.19	69 Holy	Cross	711/2	Anne Amundel C	o. Md.	
1	24.	FUNERAL DIRECTOR		ADDRESS		2Sa. REC'D BY RE	GISTRAR 2Sb. REGISTRAR	S SIGNATURE	
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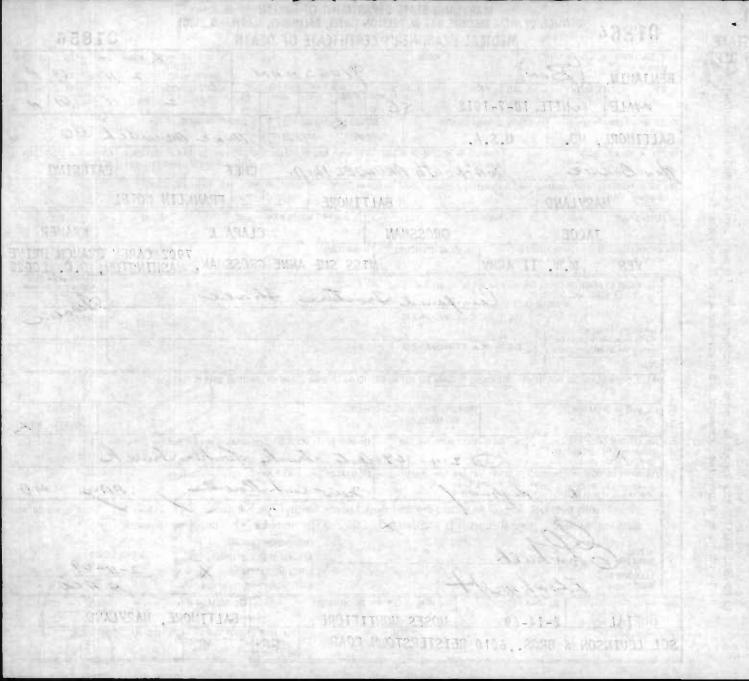


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATI 1. DECFASED-NAME last 2g. DATE KNOWN DE Month (Type or Print) ESTIrOS 3 MAN p DEATH MATED RENTAMIN IF UNDER 1 YEAR IF UNDER 24 HRS. S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD last birthday) 10-7-1912 MALE WHITE YRS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED MINEVER MARRIED 9 COUNTY OF DEATH farm BALTIMORE, MD. U.S.A. WIDOWED | DIVORCED [ Give Pages IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital land 2 with death. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 00 YES NO BALTIMORE in Item/ after, First 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME Middle GROSSMAN CLARA X JACOB Examiner's hours pages 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil This certificate shauld be executed within (Yes, na ozupknawn) MISS SUE ANNE GROSSMAN. File within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit permit. 4 shauld be farwarded ta the Chief Medical Tracture Shall PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any which gave rise ta immediate cause (a). writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD CERTIFICATION nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? pe 3 shauld b 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year Б PRIMARY OR CONTRIBUTING HOUR A.M crematian, DICAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Tawn may be retained far yaur FUNERAL DIRECTOR: Page NOT WHILE factory, affice building, etc.) Alechana burial, 22a. I certify that I taak charge of the remains described above, held an Autapsy 4. Inspection . death resulted frapa: Natural causes Accident 🔀 Suicide Hamicide CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE -O DEPUT DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health ADDRESS(Street, city, tawn, ar county) NAME (Type) 50 23a. BURIAL, CREMATION, 23d. LOCATION (City ar Tawn) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 2-14-69 MOSES MONTIFICRE 2Sa. REC'D BY REGISTRAR

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01856 Year 2b. HOUR 186

2d. HOUR // Year Anne Aronde 12a, USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during mast of warking life, even if retired.) FRANKLIN HOTEL KRAMER 7902 CAREY BRANCH DRIVE WASHINGTON, D.C. 20022 BETWEEN ONSET AND DEATH 20. AUTOPSY? NO X YES 🗔 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) County State AAGE 141 Inquiry > and in my apinian Undetermined manner 22b. DATE SIGNED 2-11-69 A. ACO (Caunty) (State) BALTIMORE, MARYLAND SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD 2Sb. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01865 CERTIFICATE OF DEATH 01857 DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR (Type ar print) FEBRUARY TH IRENE CAROL GRUNTOWICZ 2020 M ve carban papers. Pages tevent, within 72 hours after 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years last birthday) IF LINDER 1 YEAR IF UNDER 24 HRS completely filled in by them CAUCASIAN 17 MAY 1912 FEMALE 7a. 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED country) WISCONSIN U. S. WIDOWED [ DIVORCED | ANNE ARUNDEL 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR ease rerpove carban give street address) during mast of working life even if retired.) INDUSTRY ANNAPOLIS 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? executed 3e. STREET AND NUMBER admission) STATE NOK 1 EPPING FORREST andmany 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last HARRY JULIA LARSEM requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address RT 1 EPPING Yes, na, ar unknown) physic burial, crematian, ar remaval, 219 16 18 43 ADAM GRUNTOWICZ FORREST RD. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN DINSET AND GEATH PART I. DEATH WAS CAUSED BY permit. MYOCARDIAL INFARCTION IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave signed by the burial-transit ARTERIOSCLEROTIC HEART DISEASE rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending has been director, page 3 shauld be detached rar use as me shauld be filed with the State Dept. af Health priar ta 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T YES X TO FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STRFET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an\_\_\_\_ causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF 12 FEB 69 DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) NAVHOSP. ANNAPOLIS, MARYLAND 21402 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (State) (County) Bur 12 I Feb. 15.1969 Hillcrest Cemetery

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HOPPING FUNERAL HOME - Annapolas

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01858 CERTIFICATE OF DEATH DECEASED-NAME Middle First. Last 2a. DATE OF DEATH 2b. HOUR executed within 24 hours after death. and completely filled in by the funeral remove corban papers. Pages ) and 2 n any event, within 72 hours after deoth (Type or print) 22 Day Month 69 Year 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF UNGER 24 HRS. last birthday) HOURS MONTHS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) WIDOWED [ DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR P.O. Box 3 please remove corban during most of working life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before Se. STREET AND NUMBER 13c. CITYOR TOWN 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES F NO W and in any 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Last Middle Last physicion requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, ar unknown) (If yes give war or dates of service) or removol, ottending phys APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per Line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) permit. cremotion, DUE TO, OR AS A CONSEQUENCE signed by the burial-transit p Canditions, if any, which gave rise to immediate cause (a), Page 4 may be retained by the haspital or attending physician. DUE TO, OR stating the underlying cause buriol last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior tal O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? of Heolth p YES 📋 NO Z 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION 21e. PLACE OF INJURY Street or R.E.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram. and that in (my) aur) apinian death accurred an the date and hour and from the causes stated abave (1) we) (did (did not ) jew the bady after death. 22b. SIGNATUR 22c. DATE, SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Sq. Nts Lutheray Com 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 45M - 1/69

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MARYLAND STATE DEPARTMENT OF HEALTH 01868 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost DECEASED-NAME First Middle 2o. DATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death and 2 Month 28 Doy (Type or print) D. attending plysition and completely filled in by the funeral permit. Then please remove carbon papers. Pages 1 and ian, or removal, and in any event, within 72 hours after deat James Hames 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthdoy) Male White 3-1-20 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIEDX NEVER MARRIED Georgia A.A.Co. U.S.A. WIDOWED [ DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH Glen Burnie 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? Marry Isand 13b AOUNTY . Co. 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Eva Hames Holin 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no, or unknown) Mrs. Myrtle Hames , same 1B. CAUSE OF DEATH (Enter only one couse per line for 40), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if only, which gove ; rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR COMPITION GIVEN IN PART 1(o) priar ta as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? ATTENDING PHYSICIAN: The YES -21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED

12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR WoretouresArundel Hospitaluring most of working life, even if retired.) **INDUSTRY** 1023 Phillip Drive Middle Address as 13 APPROXIMATE INTERVAL BETWEEN ONSELAND GEATI this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING far use F Health (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 5 (If either, notify medical examiner) P.M detached Dept. 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY. \ 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY Stote City or Town County OFFICE BUILDING FTC While Not while of work State O FUNERAL DIRECTOR: After 22a. I certify that (1) (this hospital) ottended the deceased from z - 26 -, 1969, ta -28.1969 saw the deceased alive on 7 = 2.5 \_\_\_\_\_196.9\_, and that in (my) (our) apinian death accurred on the dote and hour and from the shauld with the couses stoted above, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING filed DEGREE DIRECTOR PHYS r, page be filed 22e. ADDRESS 'Herlihy lary NAME (Type) director, shauld b 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (Stote) (County) REMOVAL (Specify) 2 March 69 Little River Cemetery Woodstock. Cherokee 256. REGISTRANIS SIGNAT VR A15 24. FUNERAL DIRECTOR 250 MARBY REGISTRA 969 Kirkley Funeral Home, Glen Burnie, Md. 21061 30M REV. 1

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69 Year

1E UNDER 1 YEAR

2b. HOUR

IF UNDER 24 HRS

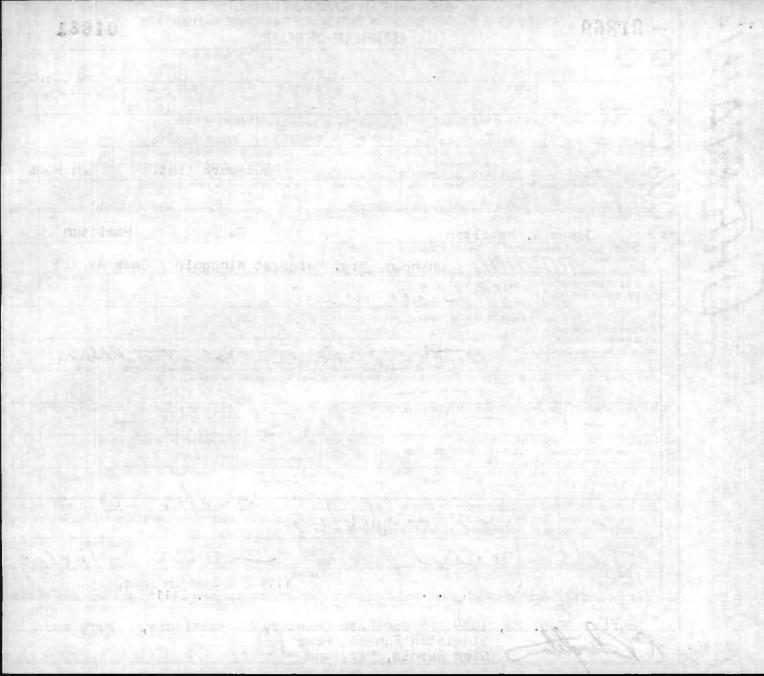
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01861 01869 CERTIFICATE OF DEATH 2g. DATE OF DEATH Middle Last 2b. HOUR 1. DECEASED-NAME First by the funeral Pages 1 and 2 death. requires that the death certificate be executed within 24 haurs after death Month Yeor (Type or print) Verrell M. Hamilton 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. attending physician and completely filled in by the fur permit. Then please recepve carban papers. Pages 1 an, ar remaval, and in any event, within 72 hours after A RACE S. DATE OF BIRTH 3. SEX last birthday) MONTHS DAYS 12-29-85 Female White 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED WIDOWED [ DIVORCED | Anne Arundel United States Maryland 12o. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR INDUSTRY Home give street oddress) during most of working life, even if retired.) Glen Burnie North Arundel 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES Delmont Road Maryland Anne Arundel Severn 14. FATHER'S NAME Middle lost 15. MOTHER'S MAIDEN NAME First Middle Hamilton Sally James A. Hamilton Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Yes, na, ar unknawn) Margaret Ringgold Same As #13 unknown Mrs. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for-(a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. crematian, DUE TO, OR AS A-CONSEQUENCE OF signed by the burial-transit p burial, crematic Conditions, if only, which gave ) rise ta immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar to by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been ATTENDING PHYSICIAN: The law 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION CAUSES OF DEATH? NO 🗆 YES 🔲 use of Health 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M detached ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21e. PLACE OF INJURY City or Town County 21d. INJURY OCCURRED While Not while at work at wark 22a. I certify that (1) (this hospital) attended the deceased from directar, page 3 shauld should be filed with the be retained 22c. DATE SIGNED 22b. SIGNATU! ATTENDING STAFF PHYS. DEGREE PHYS. DIRPCTOR TO HOSPITAL O PHYSICIAN'S 22e. ADDRESS 22d. 1113 Old Odenton Road, NAME (Type) Grunberg 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION REMOVAL (Specify) Singletons Funeral Home So. RECO BY REGISTRAR 256. REGIST Glen Burnie, Maryland DATE EB 19 1969 20. 1969 Loudon Park Cemetery Feb. Maryland 2Sb. REGISTRAR'S SIGNATUR Melecolly



death.

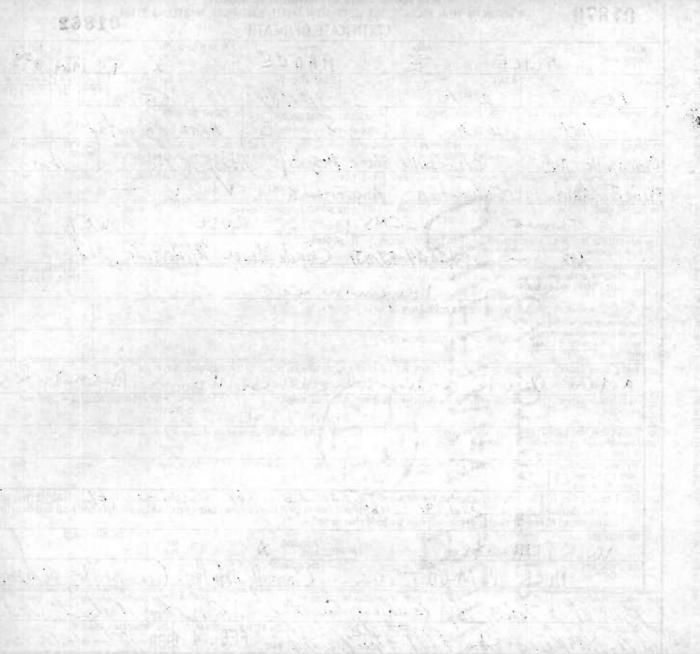
IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

Page 4 may be retained by the haspital ar attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01862 CERTIFICATE OF DEATH

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and 2				irst	Middle	Lost	NAF	2o. DATE OF	DEATH Month	Doy 1	eor eor	2b. HOUR
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		MEDICAL	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	Month Doy Yeor		, occounts (Emo	, morore or impor	,	2, 110 10.,		
cert ched		MED	21d INJURY OCCURRED	THE PLACE OF INITIRY /A	T HDME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	) 21f. LOCATION	Street or R.F.D. No.	. City	or Town	Count	у	Stote
deto deto		Ñ,	While Not while ot work							10.10		
RECTOR: After this certi 3 should be detached with the State Dept. as			22a. I certify that (I)	(this haspital) attend	ded the deceased f	g, and that is	(my) (our) api	nion deoth o	ccurred on the	date and	, that() hour a	(we) last nd from the
OR.			couses stated ab	ove (1) (we) (did) (d	lid not) view the bod	after death.	<i>O</i> ///		2 500			1
RECT 3 st dwit			22b. SIGNATURE	Monte		DEGREE PH	ENDING M	MED.	STAFF PHYS.	2c. DATE SIG	NED	1
L Di	,		22d. PHYSICIAN'S	1/ 0 14	A		ADDRESS -	0///	FIII/3.	-11	1/	11- 0
ar, Fld be	/		NAME (Type)	CK Y-M	ourso	5 (	raconsulte a	rete Nost	), (1000)	sruce	,14	1 2.034
TO FUNERAL DIRECTOR: After this ce director, page 3 should be detache should be filed with the State Deot.		230.	BURIAL, CREMATION, 2 BEMOVAL (Specify)	3b. DATE 7 191	23c. NAME OF CEMI	/ 0	RY LE	23d. 10CM10	N (City or Town)	Y (Coun	- In	(Stote)
=	0 -	24.	EQNERAL DIRECTOR	Tes. 0,16	M ADDRESS	10	2So. REC'D B	Y REGISTRAR	2Sb. REGISTR	AR'S SIGNATU	IRE	mu.
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

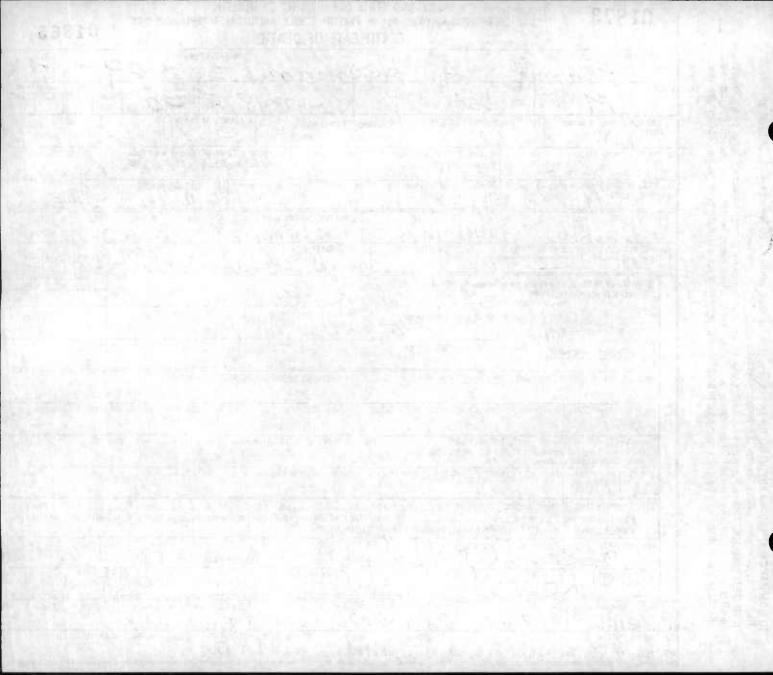
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	CLI	KIIIICA	IL OI DEATH				
(	PECEASED-NAME First Middle Type or print) A Middle A	fer	lost	20. DATE	- 18th - 600	1	26. HOUR
3. 5	ex M 4. RACE W	5.	nov 28./	878	6. AGE (In years last that YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
cou	N.Y. Les W	MARRIED [		9. COUNTY	· A · C	700	M
7	11100 0	no	I nee duting it	oxide Moule	ON (Kind of work done	12b. KIND OF E	
	. USUAL RESIDENCE (Where deceased lived, if institution: Residence before hissian) STATE WD . V3b OUNTY . C. +	ALTO-	YEST NO		STREET AND NUMBER	IDRE AU	Eo
	FATHER'S NAME First Middle Lost  A PANKAN HERHANS  IN WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO.		MOTHER'S MAIDEN NAME F	First + H	Middle	KSTADTE	ER Lost
100	Yes, no pr unknown) (If yes give war or dotes of service)	SAL	Ly W. ScHAL	LIBLE	ANNA	polisi	MATE INTERVAL
	18. CAUSE OF DEATH (Enter only ane couse per line far (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF (c)	201	orl	<i>V.</i>	ω`		
7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	RELATED TO T	HE TERMINAL DISEASE ORG	CONDITION GI	VEN IN PART 1(a)		
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM	RMED	20a. AUTOPSY?  YES NO	CALL	IF YES, WERE FINDINGS SES OF DEATH?	CONSIDERED IN CE	RTIFYING
MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Manth Doy Year P.M.		INJURY OCCURRED (Ente	er nature of in	njury in Part 1 or Part 2,	, Item 18.)	
ME	21d. INJURY OCCURRED While Nat while at work at work	(·) 21f. LOCA	TION Street or R.F.D. No	ı. C	ity or Town	County	State
	220. I certify that (I) (this hospital) attended the deceased saw the deceased alive on	, and t	that in (my) (our) opi	, ta inian deat		late and hour o	(I) (we) la and fram th
	22b. SJENATURE	<b>L</b> bearly	ATTENDING PHYS.	MED. DIRECTOR C	STAFF PHYS.	. DATE SIGNED	
	22d. PHYSICIAN'S ROBES ROBES	Hal	Ju (1-0	· 13	× 130	504	
230	BURIAL (SPECIFY)  21/1/69  23c NAME OF SEM 2 / 1/1/69  23c NAME OF SEM 2 / 1/1/69	AETERY OR CR	D CEM	TR	TION (City or Town)	(County)X	(Stote)
24.	FUNE CAL DIRECTOR ADDRESS	mil	25a REC'D	BY REGISTRAR	2Sb. REGISTRAR	S SIGNATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Toneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event within 72 have after death. VR A15 (4) 30M REV. 1/68

the be executed within 24 haurs after death.

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certifice Page 4 may be retained by the haspital ar attending physician.



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	0.1019	CERTIFICA			
	PLACE OF DEATH		2. USUAL RESIDENCE (V	Where deceosed lived, if institution:	Residence before odmission)
0	COUNTY AA CO	MARYLAN	o. STATE Md	b. COUNTY	A Co
Ь	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If ou	tside corporote limits, write RURAL	and give neorest town)
	Glen Burnie			2 Glen Burnie	
	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	l, give street oddress)	Box 344 F	Rt Glen Burnie	e. IS RESIDENCE ON A FARM? YES NO
	Box344 Rt 2 Glen Burnie				
	VAME OF First DECEASED Type or print) James	Middle	Lost Higdon	4. DATE Month OF Feb 17	Doy Year 1969 19
S. S		D NEVER MARRIED	8. DATE OF BIRTH		FUNDER 1 YEAR   IF UNDER 24 HRS
	dale W WIDOWE		June 15 1801	77 Yrs.	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work done name)  10b. 10b. 10c. 10c. 10c. 10c. 10c. 10c. 10c. 10c	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPEACE (County)	& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	U CA
	James R Higd	on	Minnie		
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT	Address	
(Yes	(If yes give wor or dotes of service)		Family	Same	
	1/21		tive Heart Fai	llure	INTERVAL BETWEEN ONSET AND DEATH
ON	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	hronic Conges	noma of the L	ing	ONSET AND DEATH  19. WAS AUTOPSY PERFORMED?
CERTIFICATION	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  OUE TO  Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  200. ACCIDENT WAS UNDERLYING CONTRIBUTION CON	hronic Gonges etastic Carci G TO DEATH BUT NOT RELATED	noma of the L	IDITION GIVEN IN PART 1(o)	ONSET AND DEATH  19. WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year	hronic Gonges  etastic Carci  G TO DEATH BUT NOT RELATED  DESCRIBE HOW INJURY OCCUR  INJURY OCCURRED 20e	noma of the Li	IDITION GIVEN IN PART 1(o)  Part 1 or Port II of item 18.)  , 20f. (City or town)	ONSET AND DEATH  19. WAS AUTOPSY PERFORMED?
MEDICAL CEKTIFICATION	PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o)	hronic Conges  etastic Carci  G TO DEATH BUT NOT RELATED  DESCRIBE HOW INJURY OCCUR  INJURY OCCURRED  ille Not While of work o	noma of the Li  TO THE TERMINAL DISEASE CON  TRED. (Enter noture of injury in  PLACE OF INJURY (Home, form foctory, street, office bldg., etc.)	IDITION GIVEN IN PART 1(o)  Part 1 or Port II of item 18.)  7. 20f. (City or town)  9.68, ta Dec. 9.	ONSET AND DEATH  19. WAS AUTOPSY PERFORMED? YES NO  (County) (Stote)  _, 1968, that (I) (we) keed on the dote stated obox
MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o)	hronic Conges  etastic Carci  G TO DEATH BUT NOT RELATED  DESCRIBE HOW INJURY OCCUR  INJURY OCCURRED  ille Not While of work o	noma of the Li  TO THE TERMINAL DISEASE CON  TRED. (Enter noture of injury in  PLACE OF INJURY (Home, form foctory, street, office bldg., etc.)	IDITION GIVEN IN PART 1(o)  Part 1 or Port II of item 18.)  7. 20f. (City or town)  9.68, ta Dec. 9.	ONSET AND DEATH  19. WAS AUTOPSY PERFORMED? YES NO  (County) (Stote)  (County) (Stote)
MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o)	hronic Conges  etastic Carci  G TO DEATH BUT NOT RELATED  DESCRIBE HOW INJURY OCCUR  INJURY OCCURRED  ille Not While of work o	TO THE TERMINAL DISEASE CONTROL (Enter noture of injury in foctory, street, office bldg., etc.)  That death accurred at ATTENDING PHYS.  22d. ADDRESS  TOR CREMATORY	Part I or Port II of item 18.)  20f. (City or town)  9 68, ta Dec. 9  M, fram couses an	ONSET AND DEATH  19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote)  (County) (Stote)  19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote)  A county (Stote)  A county (Stote)  A county (Stote)  A county (Stote)

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician pass completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, cremation, or remaval, and the arty event, within 72 hours afforded to the contract of the contract Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

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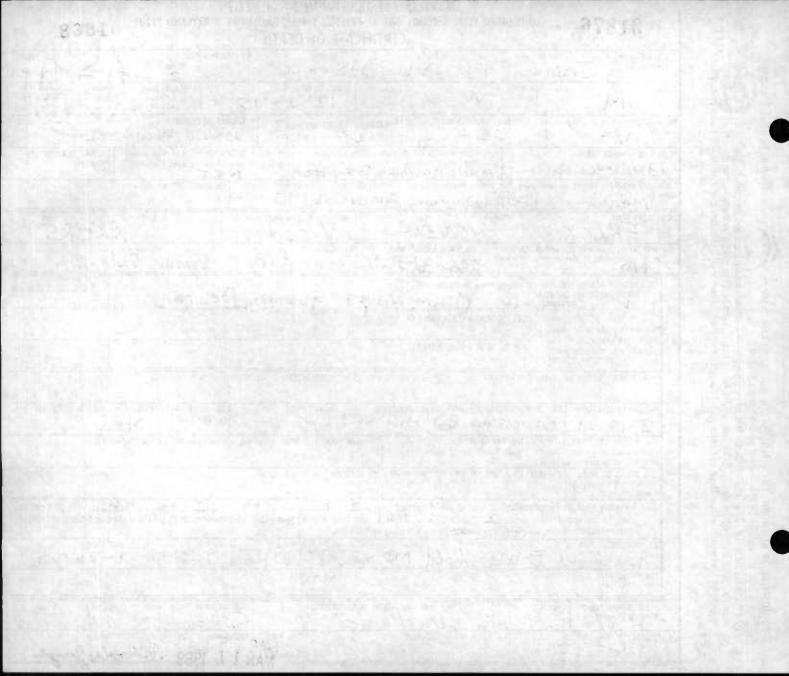
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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

0	1	8	6	8
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		ECEASED-NAME First ype or print) Jam	ES PUTNAM	140 U	1 2a.	DATE OF DEATH  Manth	Day Yeor	2b. HOUR
	3. SE	×	4. RACE		2-2-75	6. AGE (In years lost birthdoy)	IF UNDER 1 YEAR MONTHS DAYS S.	IF UNDER 24 HRS. HOURS MIN.
53	COUR	otry) VA.	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEV	DIVORCED	OWNE Aru		Md.
3	1	THY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street address)	DEL GEN	Heer during most of	UPATION (Kind of work don working life, even if retired.	e 12b. KIND OF INDUSTRY	BUSINESS OR
2	admi	SSIATE LAND	ed lived, if institution: Residence before	SHADY SIE		13e. STREET AND NUMBER		
		ATHER'S NAME First FRANK	Middle HOWEL	5 1	IRGINIA	Middle	AKEF	Last
i	16a. Y	was DECEASED EVER IN U.S. ARN es, na, or unknawn) (If yes give w		17. INFORMA 5/27 G/Ad		Shary S	de, M	d
		PART I DEATH WAS CALISED	y one cause per line for (o), (b), and (c) BY: TE CAUSE (a) PJL MO	NAMY	EDEMA,	ACUTE		MATE INTERVAL NSET AND DEATH
		Canditions, if any, which gave rise to immediate couse (o),	DUE TO, OR AS A CONSEQUENCE OF					-15
6		stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF					
	NC	PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TE	RMINAL DISEASE OR CONDIT	TION GIVEN IN PART 1(a)		
	CERTIFICATION	2-10-69 F		10	AUTOPSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	HES	RTIFYING
	MEDICAL CE	21o. ACCIDENT WAS UNDERLYIN  ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT  (If either, natify medical examin	HOUR A.M. Manth Day Yeor	9		re of injury in Part 1 or Part 1	2, Item 1B.)	5-3.1
		While Not while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, F/ OFFICE BUILDING, ETC.			City ar Town	County	State
		saw the deceased a	ive on Vision (did not) view the	19 69, and that	in (my) (our) opinion	death occurred on the	19 <u>61</u> , that dote ond hour (	(I) (we) last ond from the
		22b. SIGNATURE Rechard	F. moschell 1	DEGREE A	TTENDING MED. HYS. DIRECTO	OR STAFF 22	2-26-	19.
		22d. PHYSICIAN'S NAME (Type)			e. ADDRESS			
	le	BURIAL, CREMATION, 23b. I	119/69 Wax	CEMETERY OF CREMAT	6	DIESUITE	(County)	(State)
	24.	funeral director	new Home GO	Resullo M	DATE ALL DA		R'S SIGNATURE	dek



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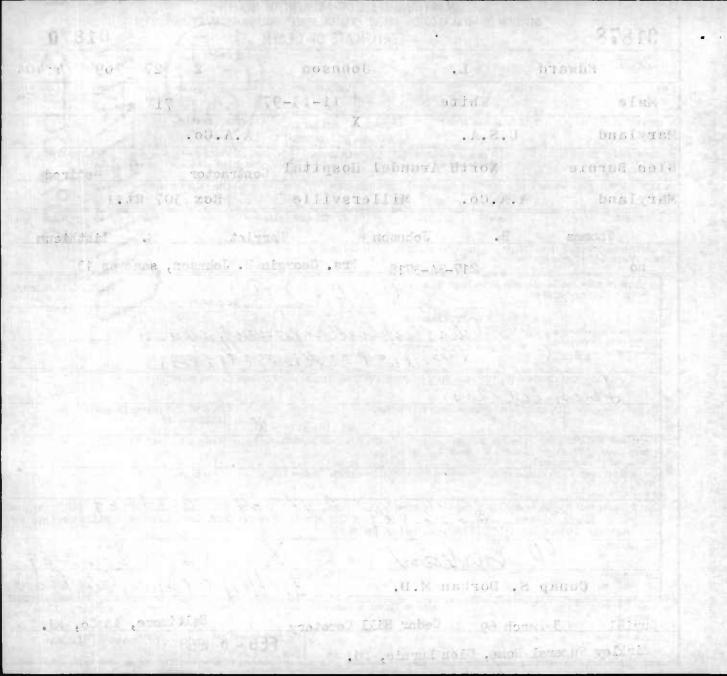
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nearly dyson (usionsan) Fries

DATE

Kirkley Funeral Home, Glen Burnie, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exeputed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Control of the Property of the Control of the Contr		CERTIFICA	IE OF DEATH		01012	
I. DECEASED-NAME (Type ar print)	First Middle	111	lost 1/50 V	2a. DATE OF DEATH Manth Marth	Doy Yegr.	2b. HOUR
3. SEX ferrale	4. RACE white	17	DATE OF BIRTH	880 last birthday	13	HOURS MIN
70. BISTHPLACE (State or farei country) Notice	1 26.5.4.	WIDOWED	NEVER MARRIED	9. COUNTY OF DEATH	mdel	٨
10. CITY OR TOWN OF DEATH	Mcd. 21222 give street oddress)	LOR INSTITUTION (If nat in	during m	AL OCCUPATION (Kind af wark ast of warking life, even if ret	ired.) INDUSTRY	
admission) STATE Mary	deceased lived, if institution: Residence	remail But	LEARNING YES NO	X 200 Green	land Bea	al Ra
14. FATHER'S NAME First	en Bjo	Ege	OTHER'S MAIDEN NAME F	ha	Olse	Last
Yes, no, or unknown) (If			2. This The	loon Sa	ress	
PART I. DEATH WAS	DUE TO, OR AS A CONSEQUE  To gave  (b)  DUE TO, OR AS A CONSEQUE  To gave  To gave	hae de	impersa oxlerotic	tion heart disea	BETWEEN ON	LATE INTERVAL SET AND DEATH  CLASSIC
PART 2. OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTING TO DEATH		HE TERMINAL DISEASE OR (	ONDITION GIVEN IN PART 1(0)		
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNI	19b. CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a. AUTOPSY? YES NO	CALISES OF DEATH?	DINGS CONSIDERED IN CE	RTIFYING
21o. ACCIDENT WAS UNI OR CONTRIBUTING CAUS (If either, notify medical	BE OF DEATH HOUR A.M. Month Doy P.M.	Yeor 19		r noture af injury in Port 1 or F	Part 2, Item 18.)	
While Not while of work	GFFICE BUILDING,	EIC.	TION Street or R.F.D. No	1- 51	County	State
saw the decea	(I) (this hospital) attended the dised alive an 2 above, (I) (we) (did) (did not) vie	1966, ond t	hat in (my) ( <del>oo</del> r) opi	nion deoth occurred on t		(I) ( <del>we</del> ) lond from t
22b. SIGNATURE	Medaughten	, M. D. DEGREE	PHYS. D	AED. STAFF PHYS.	22c. DATE SIGNED	9
22d. PHYSICIAN'S NAME (Type)	M. M. Laugh.	lin	22e. ADDRESS 3708 71100	matario Rosa	1. Pasade	ua, Mi
230. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL	3-1-69	ime of cemetery or cri Glen Have:	n	23d. LOCATION (City or Town	1 Co., Md.	Kidle
24. FUNERAL DIRECTOR George J. G		DDRESS e Highway 2	2So. REC'D B		CLASSIGNATURE OF	ege.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01881 01873 CERTIFICATE OF DEATH Middle 2g. DATE OF DEATH DECEASED-NAME executed within 24 hours after death eath and (Type ar print) S DATE OF BIRTH 1F LINGER 1 YEAR IF UNOER 24 HRS. 4. RACE 6. AGE (In years 3. SEX MONTHS OAYS HOURS -03-8 YRS. within 72 haurs 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? sician and campletely filled in by please remave carban papers. 7a. BIRTHPLACE (State or Joretan 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED Md. 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during mast of working life feven if retired.) INDUSTRY 13¢ CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER and in any event, 3. USUA RISIDENCE (Where deceased lived, if institution Residence before admission) STATE 13b. COUNTY YES IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle First physician and requires that the death certificate be 17. INFORMANT Address 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Kaller Yes, na, or unknown) remaval, APPROXIMATE INTERVA attending p BETWEEN ONSET AND DEAT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (a) AS-A CONSEQUENCE-Q DUE TO, OR Canditians, if any, which gave ) O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician stating the underlying cause last. burial. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) detached far use as the te Dept. af Health prior ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [ NO [ 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ATTENDING PHYSICIAN: 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year P.M (If either, natify medical examiner) ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. City or Town County State State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY While Nat while at wark at wark 22a. I certify that (1) (this haspital) attended the deceased fram and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive andirectar, page 3 should shauld be filed with the causes stated abave, (1) (we) (did) (and not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR STAFF PHYS. TO HOSPITAL OR Page 4 may be re 22d. PHYSICIAN'S NAME (Type) (State) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) REGISTRAR'S SPENATURE REC'D BY REGISTRAR FUNERAL DIRECTOR Rigging Bis Visition

MARYLAND STATE DEPARTMENT OF HEALTH

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

U.E.O.O.Sir		CERTIFICATE OF DEAT	H	01874
DECEASED-NAME Fit     (Type or print)	rst Middle	Last	2a. DATE OF DEATH	2b. HOUR
Edit.	h Fearl	Kelly	Feb. 11,	ay 69 <sup>Year</sup> 10 a M
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS I GAYS HOURS MIN.
Female	White	23 Apr.	1891 77 YRS	
7a. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
Maryland	USA	WIDOWED DIVORCED	Anne Arundel	Md
10. CITY OR TOWN OF DEATH  Glen Burnie	give street address) North Arun	del Conv. Center	JSUAL OCCUPATION (Kind of wark dane g mast of warking life, even if retired.) Housewife	
13a. USUAL RESIDENCE (Where deco admission) STATE	eased lived, if institution: Residence before 13b. COUNTY	Glen Burnie	NO 13e. STREET AND NUMBER 1208 Guilfo	ord Road
14. FATHER'S NAME First	Middle Last	1S. MOTHER'S MAIDEN NAM	NE First Middle	Last
William	D. Mewsh	naw El	iza R.	Donaldson
16a. WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b. SOCIAL SECURI	TY NO. 17. INFORMANT	Address	
Yes, na, ar unknawn) (if yes gr	214-14-4	.434 Mrs. Violet	Broseker, same as	
PART I. DEATH WAS CAL IMME 250 9 Conditions, if any, which gov	DUE TO, OR AS A CONSEQUENCE	fr Ventria	ela failme	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  COULD
rise ta immediate cause (a stating the underlying caus last.	DUE TO, OR AS A CONSEQUENCE	botes Melli	tus	year
	ONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(a)	V
19a. DATE OF OPERATION 19 21a. ACCIDENT WAS UNDERL	9b. CONDITION FOR WHICH OPERATION WAS	YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	
or contributing Cause of a clife either, natify medical exa	DEATH HOUR A.M. Manth Day Ye miner) P.M.	ear 19	Enter nature of injury in Part 1 ar Part 2	, Item 18.)
While Not while at wark		, FACTORY,) 21f. LOCATION Street ar R.F.D.	Na. City or Town	Caunty State
sow the deceosed	(this hospitol) ottended the dece alive on ove, (I) (we) (did) (did not) view th	_19 _and that in (my) (our)	opinion deoth occurred on the d	9 <u>//</u> , thot (I) (we) lost dote ond hour ond from the
22b. SIGNATURE	Traule of	DEGREE ATTENDING PHYS.	MED CTAFF -	2 Feb. 69
22d. PHYSI(IAN'S NAME (Type)	ex Frank. M. D.	22e. ADDRESS Arund	del Medical Group,	Glen Burnie, N

23c. NAME OF CEMETERY OR CREMATORY

Glen Haven Memorial
ADDRESS 2

23d. LOCATION (City or Town)

Park

2Sa.

DATE

1969

rnie. AA b. REGISTRAR'S SIGNATURE

within 24 hours after death. director, page 3 shauld be detached far use as the burial-transit permit. Then please remove arban dapers A should be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 hab letety filled in OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and cample directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove to Page 4 may be retained by the hospital ar attending physician.

and 2 death.

23a. BURIAL, CREMATION, REMOVAL (Spacify) Burial

24. FUNERAL DIRECTOR

23b. DATE

Feb.

Kirkley Funeral Home, Glen Burnie, Md.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01875

	ECEASED-NAME First		Middle	Lost	2a. DATE OF DEATH		2b. HOU		
(1	Type or print)	herine		Kennedy	Man 2	1h Day Ye	ear 9 1:00		
3. SE		4. RACE		S. DATE OF BIRTH		In years IF UNDER 1	YEAR IF UNDER 24 H		
	7 1	0		21		rthday) MONTHS	DAYS HOURS A		
n F	Female BIRTHPLACE (State ar fareign	7b. CITIZEN OF WHA		11/18/89	9. COUNTY OF DEATH	79 YRS.			
OUI	ntry)		MAR	RIED NEVER MARRIED					
	Maryland	US		WED DIVORCED	Anne Ar				
U. C	CITY OR TOWN OF DEATH	II. NAM	AE OF HOSPITAL OR INSTITUTIO reet oddress)	N (It not in haspital 120. U	SUAL OCCUPATION (Kind of	wark dane   12b. Kl	IND OF BUSINESS OR		
	Crownsville	Cro	wnsville Stat	e Hospital	mast of warking life, ever Sales Lady				
3a.	USUAL RESIDENCE (Where decedission) STATE	used lived, if institutio	n: Residence befare   13c. Cl			NUMBER			
dilli	Maryland	136. COUNTY	imore	Raltimore YES	NO ☐ 1200 - Va	llev			
4. F	FATHER'S NAME First	Middle	Last	1S. MOTHER'S MAIDEN NAM		Middle	Last		
	Peter	Н	77 amm a J.		Managarat	7000	gar Elwo		
60.	. WAS DECEASED EVER IN U.S. AR	MED FORCES?	Kennedy 16b. SOCIAL SECURITY NO.	17. INFORMANT	Margaret	Address	ASE TIMO		
Y	as in the same of	war or dates of service)	010 07 //00	17 1. 1 D	1 0	.11 0	77		
D	no l		219-07-4409	Hospital Rec	oras, Crowns	TITLE STATE	APPROXIMATE INTERVAL		
	18. CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSI	nly one couse per line	tar (o), (b), and (c).)			BE	TWEEN ONSET AND DEA		
	IMMED	IATE CAUSE (o) Pu	lmonary emphy	sema, Moderat	e				
	4124	DUE TO, OR AS	A CONSEQUENCE OF						
	Canditians, if any, which gove		ocal bronchor	neumonia, basa	1. hilateral	KILL OF			
	rise to immediate couse (a), stating the underlying couse		A CONSEQUENCE OF						
	lost.		ntoniogolomot	ic cardio vas	aulaw diaaaa				
	PART 2. OTHER SIGNIFICANT CO			TED TO THE TERMINAL DISEASE (					
TION	19a, DATE OF OPERATION 19b	agic cystitis CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPS		D 20o. AUTOPSY?	20b. IF YES, WERE FINDINGS CO		D IN CERTIFYING		
CERTIFICATION	Tra. DATE OF OFERATION	. condition for with	IT OF ERAFION WAS TERRORINE		CALLETE OF DEAT		) AT CERTIFIED		
ERT	21a. ACCIDENT WAS UNDERLY	NC LOU THE OF	La L	X					
	OR CONTRIBUTING CAUSE OF DEA		Manth Day Year	1c. HOW INJURY OCCURRED (E	nter nature at injury in Patt	I dr Pon 2, Item 18.)			
MEDICAL	(If either, natify medical exam	iner) P.M.	19				200		
×	21d. INJURY OCCURRED 21e	PLACE OF INJURY	AT HOME, FARM, STREET, FACTORY.)	21f. LOCATION Street ar R.F.D.	Na. City ar Tawn	Caunty	Stot		
	While Nat while at work								
	22a. I certify that (I) (t)	his haspital) atter	ded the deceased from	n 1/21 , 19	9 69 , to 2/	24 1969	that (I) (we)		
	saw the deceased	alive an 2/	24 19 69	and that in (my) (our)	apinian death accurred	an the date and	haur and fran		
	causes stated-abave, (1) (we) (did) (did nat); view the bady after death.								
	22b. SIGNATURE	.0 10	16 . The co	ATTENDING -	MED. STAFF	22c. DATE SIGN	IED		
9	1110	Kesa.	Velle 14	DEGREE PHYS.	MED. DIRECTOR STAFF PHYS.	2/2	4/69		
Ħ	22d. PHYSICIAN'S	1-31-4-5		22e. ADDRESS					
	NAME (Type) Char	les R. Ve	nter, M.D.	Crownsvi	lle State Ho	spital, Ma	ryland		
3a	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF CEMETER		23d. LOCATION (City a				
		/27/69	New Cathe			, Maryland	, , ,		
24	FUNERAL DIRECTOR	-1/0/	ADDRESS		D BY REGISTRAR 2Sb.				
	Leonard J Ruch	The Re		vland PATE F	EB 2 5 1989	Icharle	Quedes		
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MARYLAND STATE DEPARTMENT OF HEALTH

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The Committee of the state of the committee of the commit

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01886 01878 CERTIFICATE OF DEATH 2b. HOUR A Lost 1. DECEASED-NAME First 2o. DATE OF DEATH burial-transit permit. Then please remave carbon papers. Pages J and S burial, crematian, ar remaval, and in any event, within 72 haurs after death (Type or print) Doy 7.969 eor Vivian LA VOIE 10 February 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR lost birthdoy) HOURS Female White 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED IN NEVER MARRIED (ountry) Maryland and campletely filled in H.S DIVORCED | WIDOWED | Anne Arundel 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) Anne Arundel INDUSTRY Gen. Hospital Annapolis 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? odmission) STATE Maryland 13b. COUNTY YEST NOXIX Route Anne Arundel Annapolis 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First attending physician permit. Then please The law requires that the death certificate 160. WAS DECEASED EWER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) Yes, no, or unknown APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stoting the underlying couse signed l lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) far use as the b this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO X 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) be detached State Dept. 0 21d. INJURY OCCURRED / AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while of work ATTENDING Page 4 may be retained by the CO FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased from Feb. saw the deceased alive an Feb o 1969, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the bady after death. director, page 3 shauld should be filed with the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAM'S 22e. ADDRESS NAME (Type) HahnProfBldg., Selerna Park, Md. Ray M. Smith, M.D. 230. BURAL CREMATION, 23d. LOCATION (City or Town (Stote) ADDRESS 25b. REGISTRAR'S SIGNATURE VR A15 4

MARYLAND STATE DEPARTMENT OF HEALTH

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# FOR STATE DEPT. 24 hours after deoth any delay is in Item 18. Give Pages 1, 2, and 3 to PM3. Page S may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. Office olong with farm DICAL EXAMINER: This certificate should be executed within 24 hours after death the funeral director. Page 4 should be forworded to the Chief Medical Exempers necessory, pleose execute the certificate, writing the word "pending" in pencil

DECEASED, NAME

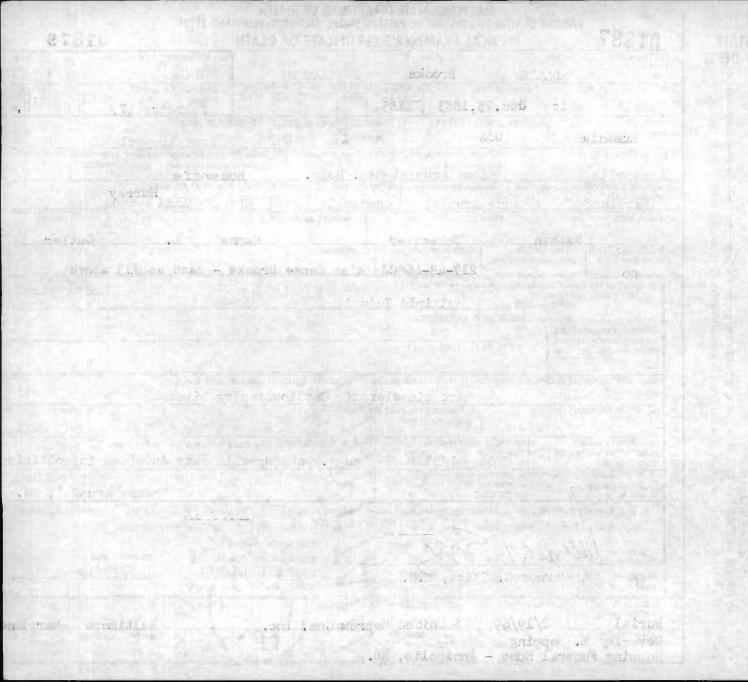
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Middle

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(Type or Print)	11131	INIGO	ne.	1031		OF ESTI-	n Doy Teor	ZD. HUUK
(type or trinity	MOLLIE	Broo	ks	LEG	UM	DEATH MATED	19	M
3. SEX 4. 1	RACE S. C	DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD		2d HOUR 5:00
female	white b	ec.25,1883	XXX85YRS	MONTHS OAYS	HOURS MIN.	Month Doy February 1	7, Yeor 1969	3:00 P.M
o. BIRTHPLACE (Stote or	9	ZEN OF WHAT COUNTRY?	8. MA	RRIED NEVER MA	RRIED 9. CO	UNTY OF DEATH		-1-5
ountry) Ruman i	.2	USA	WID	OWED DIV	ORCED 🔲	Anne Arunde	1	Md
O. CITY OR TOWN OF DE	ATH	11. NAME OF HOSPITA	L OR INSTITUTION	l (If not in hospito		CCUPATION (Kind of work done	e 12b. KIND OF BUS	INESS OR
Annapolis		give street oddress) Anne Aru	indel Ce	n Hosn	la la	of working life, even if retired.		
	Where deceased live	d, if institution: Residence	before 13c. CITY	OR TOWN	3d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
odmission) STATE Marylan	d 13b.	Anne Arundel	Ann	apolis	YES NO 🔀	30 NAXXX Ave	nue	
4. FATHER'S NAME	First	Middle	Lost	15. MOTHER'S MA	IDEN NAME First	Middle	Los	t
	Nathan	School	chter		Han	na I.	Cutle	2.20
60. WAS DECEASED EVER I	N U.S. ARMED FORCES?	16b. SOCIAL SEC		7. INFORMANT	11411	ADDRESS	Cubie	
(Yes, no, or unknown)	(If yes give war or dat	les of service)	-/.680.I	Miss Rer	ee Brook	s - same as #]	3 above	
	ATH (Enter only one	couse per line for (o), (b),					APPROXIMATE BETWEEN ONSET	
	H WAS CAUSED BY: IMMEDIATE CAU		ple Ini	uries			BETWEEN ONSET	ANO DEATH
8121		DUE TO, OR AS A CONSEQUE	-	dries		HAVING TOP	1000	
Conditions, if ony,	which gove						THE STATE	
rise to immediate		(b) DUE TO, OR AS A CONSEQUI	NCF OF		A UNION	100000		
lost.	Ying couse	/ \						
PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH B	LIT NOT PELATED	TO THE TERMINAL	DISEASE OF CONDITION	ON CIVEN IN PART 1/o	1	
	TOTAL CONDITIONS					Lar Disease		
190. DATE OF OPER	ATION		FOR WHICH OPE		arovabea.	EET DISCUSE	20. AUTOPS	y?
190. DATE OF OPERA		WAS PERF	ORMED?				YES 🗆	NO X
210. EXTERNAL CAUS	SE WAS 2	1b. TIME OF INJURY Month, D	gv. Yeor 2	Itc. HOW INJURY O	CCURRED (Enter note	ure of injury in Port 1 or Port 2		110 [2]
		HOUR A.M. UNKP.M. 1/31				in auto invol		lligio
PRIMARY OR CO CAUSE OF DEATH 21d. INJURY OCCUR	RED 21e PLACE C	OF INJURY (At hame, form,		If LOCATION Street	-	City or Town	County	Stote
WHILE NOT WE AT WORK AT WORK		ffice building, etc.)					e Arundel	
		arge of the remains d	and all all all all all all all all all al	a hald an Aut				-
						spection X, Inquiry		ny apinion
death result	ed fram: Nat	tural causes A	ccident [X],	Suicide,	Hamicide	, Undetermined mann	ar []	
ACTUAL /	Illand	12 Dall	7		IEF MEDICAL EXAMIN		ATE SIGNED	
SIGNATURE	0-1009	101-11-1	>_	111.0.	SISTANT MEDICAL EX. PUTY MEDICAL EXAM		2/18/69	
EXAMINER'S NAME (Type)	Werner	U. Spitz, 1	1.D.		DRESS(Street, city, to		/10/03	
230. BURIAL, CREMATION	, 23b. DATE	23c. NA	AME OF CEMETERY	OR CREMATORY	23d	LOCATION (City or Town)	(County) (S	Stole)
REMOVAL (Specify) Burial	2/10	9/69 Un	it ed Har	orew Cem.	Inc.	מחוד	imore N	Maryla
		18 Bruley	ADDRESS	CONTRACTOR OF COMME	250. RECO BY RE	GISTRAR 25b. REGISTRA		TOT A TO
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÷.	# 75 # 15 # 15		ECEASED-NAME First Type ar print)	Middle		Last	2a. DATE OF			2b. HOUR
deo	and 2		Go	rton bucher	J.	ndoov		2 4	<sup>8y</sup> <sup>Y</sup> 65	14 6
fter	(Fital	3. S		4. RACE		DATE OF BIKTH		6. AGE (In years last birthday)	MONTHS DAYS	HOURS MIN
rs o	A 20 21	-	Male	White		9/20/14	0. 60444774 05	last birthday) 54 YRS		TATE OF
24 hou	d in by pers. 72 hau	rau	BIRTHPLACE (State or foreign natry)	7b. CITIZEN OF WHAT COUNTRY? USA	WIDOWED _	NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF	rundel		М
vithin 2	pletely fille corbon po ent, within	/	CITY OR TOWN OF DEATH  rownsville	11. NAME OF HOSPITAL OR INS give street address) Crownsville	State H	haspital 12a. USUA ospital	AL OCCUPATION of of working	(Kind of work done ife, even if retired.)	12b. KIND OF B INDUSTRY	USINESS OR
cuted v	and completely filled remove corbon pope in any event, within 7	2 13a. adm	USUAL RESIDENCE (Where decease ission) STATE Mary Land	ed lived, if institution: Residence before 13b. COUNTY Anne Arunde1	Severn Park	VN 13d. INSIDE CITY LI	IMITS? 13e. STR	EET AND NUMBER  Lockleve		
certificate be executed within 24 hours after death.	tending physician.  So been signed by the attending physicion and completely filled in os the buriol-transit permit. Then please remove corbon poper prior to burial, cremation, or removal, and in any event, within 72		FATHER'S NAME Sirst	Middle y Lost		OTHER'S MAIDEN NAME F		Middle	Park	Last
ficate	ng physicion of Then pleose smovol, and in		WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL SECURITY N		rmant () pital Recor		Address	State Hos	enital
le l	Then			y ane cause per line for (a), (b), and (c).		pital Neco	45,00	MISATTLE	APPROXIMA	ATE INTERVAL SET AND DEATH
Atte	F. F. S. re	9	PART I. DEATH WAS CAUSED	BY: Coronary o	cclusion					
law requires that the death	attendil permit. ion, or re	6 3	4109	DUE TO, OR AS A CONSEQUENCE OF						
÷	the sit g		Canditians, if any which gave ) rise to immediate cause (a),	(b)				10000		
th	physician. signed by the buriol-transit burial, cremati		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF						
jres	physician signed by buriol-tra burial, cre		DADT O OTHER CICALISISANT COM	(c)	OT DELATED TO TH	E TERMINIAL DISEASE OR	CONDITION CIVEN	IN DADT I/-\		
requ	g pi sic bud o				OI KELAIED IO IN	E TERMINAL DISEASE OR	CONDITION GIVEN	IN PART I(0)		
ND	been the or to	NOIL	Cardiac fai	Lure CONDITION FOR WHICH OPERATION WAS PE	REORMED	20a. AUTOPSY?	20b. If	YES, WERE FINDINGS	CONSIDERED IN CER	RTIFYING
he	attending hos been se os the h prior to	CERTIFICATION	174.571207 0721311011			YES NO	CAUCTE	OF DEATH?		
		CERT	21a. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY	21c. HOW	NJURY OCCURRED (Enter		y in Part 1 or Part 2	?, Item 18.)	
B	ospitol or certificote hed for u	MEDICAL	or contributing Cause of OEAT							
4	y be retained by the hospitol  L DIRECTOR: After this certifice oge 3 should be detached fo filed with the Stote Dept. of H	ME		PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCAT	ION Street ar R.F.D. No	. City	ar Tawn	Caunty	State
NG	ter i		22o. I certify that (I) (thi	s hospital) attended the decease	ed from 2	723 , 1%	9, ta	2/24,1	9_69 , that (	(I) (we) la:
S	ed to the S		saw the deceased a	live on 2/24 1, (I) (we) (did) (did nat) view the	9_69, ond th	at in (my) (our) opi	inion deoth o	ccurred on the c	dote ond hour a	nd from th
ATT	short start		2/2b. SIGNATURE	) ( We) (did) (did fidi) view file	body after ded	Walter Street		220	r. DATE SIGNED	
OR ATTENDING	be retained  OIRECTOR: A  Is 3 should  ed with the		( frailes)	K. Veulu 1	DEGREE	ATTENDING D	MED. DIRECTOR	STAFF DHYS. 2	/24/69	
	AL D		22d. PHYSICIAN'S	/		22e. ADDRESS	1	MIRBUR		
SPII	4 moy VERAL tor, po	_		s R. Venter, M.D.		Crownsvil				
TO HOSPITAL	Page 4 may be retained by the h  TO FUNERAL DIRECTOR: After this director, page 3 should be detac should be filed with the State Dep	230	REMOVAL (Specify) 23b. 1	23c. HAME OF SHUOT	CEMETERY OR CRE	MATORY Chi Ch	1	N (City or Town) Shiloh	(County)	(State)
	VR A15 (4)		FUNERAL DIRECTOR	ADDRESS	211		B 2 7	25b. REGISTRAR	S SIGNATURE	glight.
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MARYLAND STATE DEPARTMENT OF HEALTH 01889 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01881 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH death. 2b. HOUR be executed within 24 haurs after death icon and campletely filled in by the Funeral fease remave carban papers. Pages 1 and and in any event, within 72 haurs after death (Type or print) Adelaide Februar Poth 2 LIVENGOOD Day 196 Yar 9:07P 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS dost birthday) Female HOURS Cauc. Sept. 6, 1914 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Anne Arundel WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR Minite offundel Gen. Hosp. Annapolis doring most of warking life even if retired.) 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY AMITS? 13e. STREET AND NUMBER admission) Matyland Rhffe"Arundel 136 Pinecrest Drive Annapolis YES NO 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Eirst Middle Middle Last physician erfillicote | 16a. WAS DECEASED EVER IN U.S. ARMED/FORCES? IZ-INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) or removal. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN DISET AND DEATH PHYSICIAN: The law requires that the death Acute pulmonary edema PART I. DEATH WAS CAUSED BY: attendir permit. hour IMMEDIATE CAUSE (a) cre matian, DUE TO, OR AS A CONSEQUENCE OF several infarction Canditians, if any, which gave signed by the burial-transit p hours (b) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF COronary arteriosclerosis stating the underlying cause several burial, O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the d far use as the af Health prior ta CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING NA NA CAUSES OF DEATH? YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark 22a. I certify that (I) (this this pixely attended the deceased from Oct. 10 saw the deceased glive on February 2 1909, and that in (my . 1963 to Feb. . 19 69 , that (1) \$500) lost saw the deceased alive on. , and that in (my) (out) opinion death accurred an the dote and hour and from the director, page 3 shauld shauld be filed with the couses stoted obove, (IX(wx) (did) idid and wiew the body ofter death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF Feb. 3. DEGREE NAME (Type) Charles W. Kinzer, 16 Murray Ave, Annapolis, Md. 21401 23b. DATE OF EEMETERY OR CREMATORY 230 BURIAL, CREMATION 23d) LOCATION (City or Town) FUNERAL DIRECTOR VR A15

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate-to-executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificote hos been signed by the ottending physician and completely filled in by the fune director, page 3 should be detached for use as the buriol-transit permit. Then pleose remove corban popers. Pages 1 are shauld be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after dea Page 4 may be retained by the hospital or ottending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH

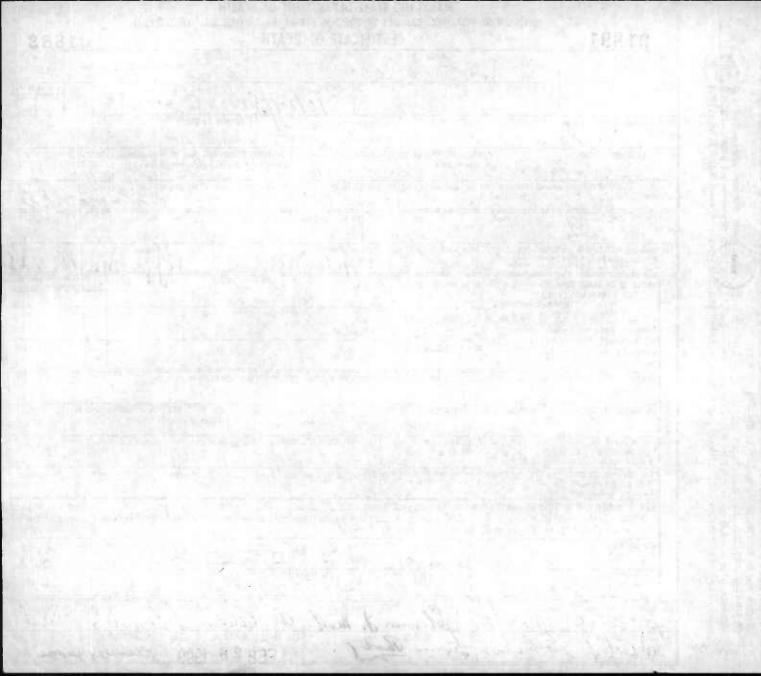
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	Type or print)						DEATH	0	V	2b.
	VEL	RNON	DOMINIC	I	OVE	1.1	Feb.	18°,	1969	11
3. SI		4. RACE	TOWNING	S.	DATE OF BIRTH		6. AGE (In years		F UNDER 1 YEAR	IF UNDER
]	Male	W	nite		June 4, 190	04	last birthday)	YRS.	ONTHS DAYS	HOURS
coul	BIRTHPLACE (State or foreign ntry)  Maryland CITY OR TOWN OF DEATH	7b. CITIZEN C	F WHAT COUNTRY?  A.  I NAME OF HOSPITAL OR INSTITUTE OF MARKET OF	MARRIED  WIDOWED  TUTION (If not in 402 Sc	DIVORCED 12a. USU.  Choone buring m	9. COUNTY OF  Anne AL OCCUPATION ost of working	Arunde (Kind of work d life, even if retir	lane	12b. KIND OF INDUSTRY	
	USUAL RESIDENCE (Where decision) STATE Md.		Stitutian: Residence befare	Stree Shoreh	WN 13d, INSIDE CITY L	Mecha IMITS? 13e. STI	enic REET AND NUMBE 2 Schoo	R	D.C.	
14	FATHER'S NAME First	Anna		Beach	OTHER'S MAIDEN NAME I		Midd			Last
160	John . WAS DECEASED EVER IN U.S.	Ber	ry Love	. 17. INFO	Mar	y Ros	eanna Addre me as #	E.	Kr	not.t.
	Conditions, if any, which go rise to immediate cause (a stating the underlying cou last.	(b) a), se DUE TO,	OR AS A CONSEQUENCE OF CALCULAR  OR AS A CONSEQUENCE OF CALCULAR  RIBUTING TO DEATH BUT NOT	7a	iluce of the o	liver	)			
CERTIFICATION	19a. DATE OF OPERATION 1	LYING 216. TI	R WHICH OPERATION WAS PERFO	ORMED.	20a. AUTOPSY?  YES NO I	20b. IF CAUSES	YES, WERE FINDI			ERTIFYIN
MEDICAL CERTIFICATION	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER!  OR CONTRIBUTING CAUSE OF CITY CITY CITY CITY CITY CITY CITY CITY	LYING 21b. TII OEATH HOUR aminer) 21e. PLACE OF INJI	R WHICH OPERATION WAS PERFORM  AE OF INJURY  A.M. Month Doy Yeor  P.M. 19  JRY (AT HOME, FARM, STREET, FACTOR  OFFICE BUILDING, ETC.	21c. HOW	20a. AUTOPSY?  YES NO INJURY OCCURRED (Ente	20b. IF CAUSES or noture of injures.	YES, WERE FINDION OF DEATH?  y in Part 1 ar Pa	ort 2, Ite	county	
3	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER  OR CONTRIBUTING CAUSE OF  (If either, notify medicol ex  21d. INJURY OCCURRED  While Not while of work  22o. I certify that (I)  saw the deceased couses stated ab	LYING 21b. TII HOUR ominer)  (this hospital) d glive on	AE OF INJURY A.M. Month Doy Yeor P.M. 19 IRY / AT HOME, FARM, STREET, FACTOR	21c. HOW RY.) 21f. LOCA	20a. AUTOPSY?  YES NO INJURY OCCURRED (Enter  TION Street or R.F.D. No  Those of the control of	20b. IF CAUSES or noture of injure.	YES, WERE FINDION OF DEATH?  y in Part 1 ar Poor Tawn	, 19 <u>4</u>	County  County  Ond hour	(I) (u)
3	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER  OR CONTRIBUTING CAUSE OF (If either, notify medicol exe 21d. INJURY OCCURRED  While Not while of work  22o. I certify that (I)  saw the decease couses stated ab  22b. SGNATURE  22d. PHYSICIAN'S	LYING 21b. TII HOUR ominer)  (this hospital) d glive on	AE OF INJURY A.M. Month Doy Yeor P.M. 19 IRY (AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.  attended the deceosed did) (did not) view the bo	21c. HOW  21c. HOW  from  from  dy ofter dec	20a. AUTOPSY?  YES NO INJURY OCCURRED (Enter  TION Street or R.F.D. No  Thorin (my) (our) op op op th.	20b. IF CAUSES or noture of injure o	YES, WERE FINDING OF DEATH?  y in Part 1 ar Part or Tawn  OF Tawn  STAFF PHYS.	, 19 4 dote	County  29., that e and hour  TE SIGNED	(1) (y ond fr

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01883 DECEASED-NAME Lost 2g. DATE OF DEATH 2b. HOUR TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. (Type ar print) Yeor 3. SEX DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER #4 HRS and campletely filled in by the HOURS lost birthday) MONTHS DAYS YRS vithin 72 hours 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED -DIVORCED JONAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR JOWN OF DEATH 12b. KIND OF BUSINESS OR ive street address during mast of working life, even if retited. INDUSTRY and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmissian) STATE 13b. COUNTY YES 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle First 4 , Last paysicion o 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, ar un (namh) (If yes give war or dates of service) the attending p 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ogd (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave signed by the burial-transit p rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse burial, last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been as the of Health priar ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO | Page 4 may be retained by the haspital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, notify medical examiner) be detached ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while ot work ot wark 220. I certify that (1) (this hospital) attended the deceased from. ond that in (my) (our) opinion death occurred on the date and hour and from the sow the deceosed olive on. directar, page 3 shauld shauld be filed with the couses stoted obove, (1) (we) total (did not) view the body ofter deoth 22b. SIGNATURE 22c. DATE SIGNED PHYS DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DAT LOCATION (City # 23a. BORIAL CREMATION 2Sb.

MARYLAND STATE DEPARTMENT OF HEALTH



#### MARYLAND STATE DEPARTMENT OF HEALTH

١.	PLACE OF DEATH					2. USUAL RESIDE	NCE (Where de	ceosed lived, if institu	tion: Reside	nce before	e odmissi	an)
	n COLINTY	nne Arundel		MARYL	AND		Marylar		14171/		Arun	,
	write RURAL on Pasade	(If autside corporate limits and give nearest town)	,	c. LENGTH OF STAY IN	1b	c city or town		oarote limits, write Rl	JRAL ond gi	ve neores	t town)	. 83
		TAL OR INSTITUTION (If no etty Lane		street address)		d. STREET ADDRES	ss Betty I	ane 21	122		e. IS RESII ON A F YES	DENCE ARM? NO
	NAME OF DECEASED (Type or print)	Fir John	st	Middle Truman	]	lost McCleary	SI . DAT	Tebruar	y 24	Day	19	69
S.	Male Male	6. COLOR OR RACE White	7. MARRIED X	NEVER MARRIED DIVORCED	1 1 1	DATE OF BIRTH Aug 23,	1903	9. AGE (In yeors 65 birthday) yrs.	Months	Days	Hours	Min.
		N (Give kind of work done g life, even if retired)		of Business or STRY Lime	&	11. BIRTHPLACE (C Baltim		r fareign country) eryland		OUNTRY?		4.
13.	FATHER'S NAME Charles	Truman McC]	Leary	Refact	ory	14. MOTHER'S MA	IDEN NAME					
15. (¥€	WAS DECEASED EV s, no, or unknown) No	ER IN U.S. ARMED FORCES? (If yes give wor or dates or None	f service) 16. SO	CIAL SECURITY NO.		FORMANT s. Marga:	ret E.	Add McCleary		Bet	ty L	122 ane
		DEATH (Enter only one count ATH WAS CAUSED BY: IMMEDIATE CAUSE	(0)		ery	occen	2000				ERVAL BET SET AND [	
	Canditions, if ony rise to immedia stoting the under	te cause (a), erlying cause DUE	(b)	Ly	pen	Tixam	UCV	disias	<u> </u>			
ATION		SIGNIFICANT CONDITIONS CO	(c)	DEATH BUT NOT RELA	TED TO TH	HE TERMINAL DISEA	SE CONDITION (	GIVEN IN PART I(a)			WAS AUT PERFORM ES	OPSY NED?
CERTIFICATION		AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCC	CURRED. (E	Enter noture of inju	ury in Part I or	Part II of item 1B.)				
MEDICAL	Hour a.	JURY Month, Day, Yeor .m. 19	20d. INJU While of work	RY OCCURRED  Not While at work		E OF INJURY (Home ry, street, office bld		f. (City or town)	(0	ounty)		(Stote)
		<b>ify</b> that (1) (this has deceased alive an					_ , 19 36 d at _ 4 a	M, fram causes	3 (4) 19 and an			
5.79	22a. SIGNATURE	Thelyer	Keis	lu	M.D.		MED. DIRECTOR	STAFF PHYS.		ATE SIGN		9
	22c. PHYSICIAN'S		-			22d. ADDRESS						

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and <u>completely filled in by</u> director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon papers. I should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in ony event within 72 bed VR A15 (4) 25M 1/67

executed within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

Page 4 may be retoined by the hospital or ottending physician.

24. FUNERAL DIRECTOR

M. Cully F. H. 237 Patapsco Ave.

DATE BY REGISTRAR

25b. PEGISTRAR'S SIGNATURE

and the second section of the second section of the second 38614

ADDRESS

TO FUNERAL DIRECTOR: After this certificate director, page should be filed 30M REV. 118

22d. PHYSICIAN'S

23o. BURIAL, CREMATION

24. FUNERAL DIRECTOR

REMOYAL (Specify)

NAME (Type)

Charles R. Venter, M.D.

23b. DATE

2-14

law requires that the death certificate be executed within 24 haurs after death.

physician.

the has been

3 shauld be detached

be retained by the haspital or attending

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) County Stote 1969 \_\_\_\_19\_\_69 and that in (my) (our) opinion death occurred on the date and have and from the 22c. DATE SIGNED ATTENDING MED.
DIRECTOR 2/17/69 DEGREE PHYS. 22e. ADDRESS Crownsville State Hospital, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR

01885

IF UNDER 1 YEAR

MONTHS

Middle

2b. HOUR

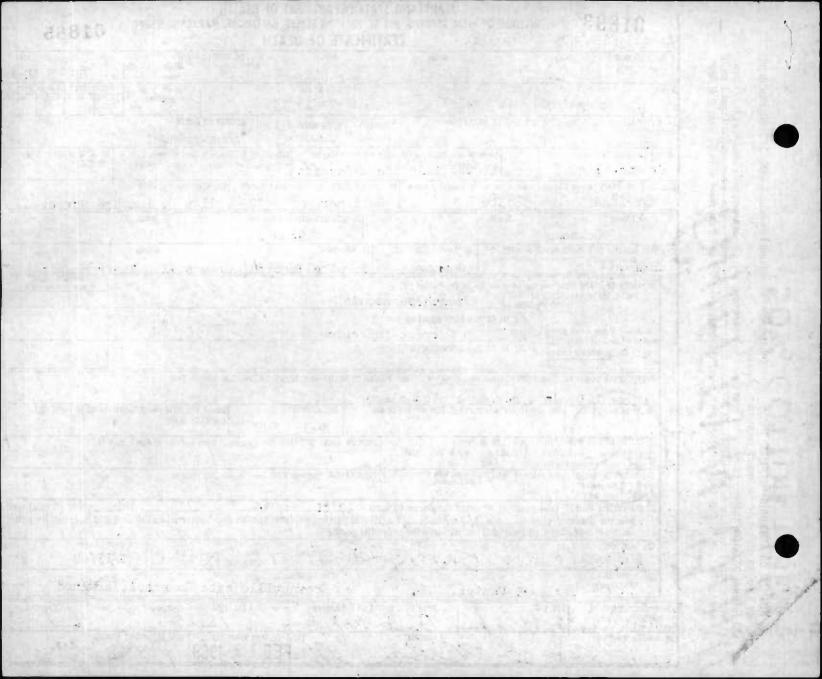
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IF UNDER 24 HRS

HOURS

12b. KIND OF BUSINESS OR

BETWEEN ONSET AND GEATH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

01886

01894 DECEASED-NAME First Middle 2g. DATE OF DEATH Lost death. 2b. HOUR (Type or print) etery filled in by the funeral arban papers. Rages I and it, within 72 haurs after deat Month MC NATR ROSE CAROLINE 1400 M February 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF HNDER 24 HRS last birthdoy) MONTHS 24 December 1883 FEMALE CAUCASIAN YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED-DIVORCED [ ANNE ARUNDEL Pennsylvania 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY ANNAPOLIS HOSPITAL event 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) SIAJE MARYLAND ARUNDEL ANNEPOLIS YES T 203 MEADOWGATE any 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Last and in DEAGLE FREDERICK Dorothy unknown 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) ar removal, 267-728-968 CHARLES F. MCNAIR. 203 MEADOWGATE DRIVE 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH PELVIC ABSCESS crematian, DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gove ) DIVERTICULITIS nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost. burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [ of Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INILIRY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, natify medical examiner) 21d. INJURY OCCURRED State Dept. ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. 21e. PLACE OF INJURY City or Tawn County Stote While Not while ot wark 22a. I certify that (this haspital) attended the deceased from 30 Septembers 68, ta20 February 969, that (I) (we) last saw the deceased alive an CO February 1969, and that in (my) (aur) apinian death accurred an the date and hour and from the director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF 21 February 1969 DEGREE DIRECTOR PHYS. PHYSICIAN'S 22e, ADDRESS NAME (Type NAVAL HOSPITAL, ANNAPOLIS, MARYLAND MC 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) 23o. BURIAL, CREMATION, (County) (Stote) Arlington National Cemet. Arlington

DATE

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Bever Tey E. Hopping

Hopping Funeral Home -

Anna polis

24 hours after death.

within

PHYSICIAN: The law requires that the death certificate be executed

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Arban

the attending physician and camp sit permit. Then please remove a

burial-transit

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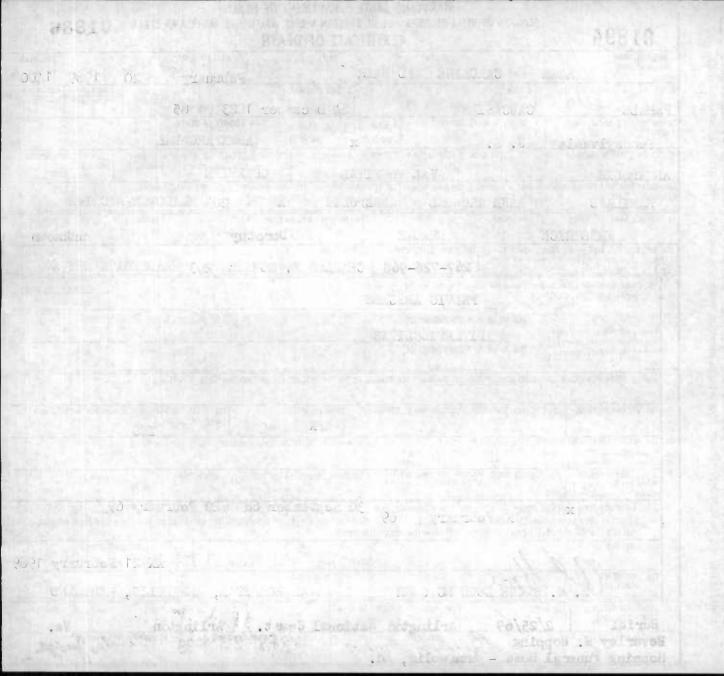
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signed by

TO FUNERAL DIRECTOR: After this certificate has been

Page 4 may be retained by the haspital ar

attending physician.



1		YLAND STATE DEPARTMENT OF HEA ORDS, 301 W. PRESTON STREET, BALTIMO	
	01895	CERTIFICATE OF DEATH	01887
	ECEASED-NAME First Middle Type or print) Sarah	MILLER	Po. DATE OF DEATH Sebucary Day ( Year 69 9138)
3. S	Ex female 4. RACE white	S. DATE OF BIRTH	6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR: NONTH'S DAYS HOURS MIN YRS.
cou	BIRTHPLAGE (State or foreign ntry) Ireland 7b. CITIZEN OF WHAT COUNTRY?	WIDOWED DIVORCED	County OF DEATH aremalel
	Pasadecea, Ad. give street address)	my during start	CCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY 4 2)
odm	USUAL RESIDENCE (Where deceased lived, if institution; Residence hission) STATE	befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?  YES NO	136 STREET AND NUMBER 1732 Carawell Street
	FATHER'S NAME John Middle Gel	Lost 15. MOTHER'S MAIDEN NAME First	Me Hale lost
	I. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar yakhawn) (If yes give war or dates of service) (If yes give war or dates of service)	GURITY NO. 17. INFORMANT 9-5608 mr. Pakick	Jellen i Paradica Mil
N.	stating the underlying couse DUE TO, OR AS A CONSEQUE	ve of arteriosclerotic	That chinase I year and open of the control of the
CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	WAS PERFORMED 200. AUTOPSY?  YES NO NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
룡	210. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   HOUR A.M. Month Doy (If either, notify medical examiner)   P.M.	Yeor 19	ture of injury in Part 1 or Part 2, Item 1B.)
MEDI	21d. INJURY OCCURRED While Not while of work of work of work	TREET, FACTORY, 21f. LOCATION Street or R.F.D. No.	City or Town County State
	22a. I certify that (I) (this hespital) attended the causes stated abave, (I) (we) (did) (did nat) vie	1962, and that in (my) (aur) apinia	n death accurred an the date and haur and fram t
	22b. SIGNATURE P.M. Me Facego lini	DEGREE ATTENDING MED.	CTOR STAFF 22c. DATE SIGNED 22. DATE SIGNED 2-16/69
	22d. PHYSICIAN'S NAME (Type) R.M. Millaughli	n . m. D. 3708 Minn	wharia Rd. Passadus, Ma
230	DESCRIPTION OF THE PROPERTY OF	cottedas Cenetery	3d. LOCATION (City or Town) (County) (Stole)
24.	FUNERAL DIRECTOR CH3-1+5 2, STAVAS FUGETS CH3-1+5 L, STAVAS FUGETS	DDRESS 250. REC'D BY R  TAYOURE DATE FEB	25b. REGISTRAR'S SIGNATURE JULGE

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

					CLIVIIIICA	IL OI DEATH				
h 2 h			CEASED-NAME First	Middle		Lost	20. DATE OF DEATH			2b. HOUR
death neal and deoth	Por 1	(T	ype or print) Cha	r105		Moore	Mar	the Doy	Yeor 64	M
	- 11	3. SE		4. RACE		DATE OF BIRTH				E UNDER 24 HRS.
母人產時間		62	m	1/1/		8/14/0		rthday) YRS. MC	ONTHS DAYS	HOURS MIN.
4 haurs d in by the sers. Pours 72 hours		70. E	IRTHPLACE (Stote or foreign 7	b. CITIZEN OF WHAT COUNTRY?	8. MADDIED N	NEVER MARRIED	COUNTY OF DEATH	11.5.1		
hau in b		caun	Try Du DU. In	11,5	WIDOWED	DIVORCED	DH (	20		Md.
24 led		10 0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN			OCCUPATION (Kind of	wark dane	12b. KIND OF BI	
vithin 2 ely filler son por within	01	/	20151	11. NAME OF HOSPITAL OR IN give street address)	auna	allost during mo	st of warking life, eve	n if retired.)	INDUSTRY	
wi prbo	06	130	IISIIAI RESIDENCE (Where decensed	Hosp Hosp. C	13c. CITY OR TO			NUMBER		
ecuted within 24 completely filled ove corbon pope y event, within 7	12		ssian) STATE	13b. COUNTY A.A.Co.	Clens				r. DR.	
executed within 24 hunders of completely filled in genove corbon popers.	USA	14 F	ATHER'S NAME First	Middle Lost		OTHER'S MAIDEN NAME FI		Middle	7	Inst
a Lung	/	13. 1			13. 11	OTTER S MAIDEN HAME TO				2031
sicion please		160	unkn WAS DECEASED EVER IN U.S. ARME		NO. 17. 1NFC	DMANT	unkr	Address		
5 3 5			es, no, or unknown) (If yes give war	or dates of service) 173 -05-		Hospital red	ords Crow		State	Hospit
e deoth certificote be e other officers of other officers on on, or removal, and in a	1,540					nospitai iet	ords, drow	110 11116	APPROXIMA	TE INTERVAL
th c			PART I. DEATH WAS CAUSED	one cause per line far (a), (b), and (c)					BETWEEN ONS	ET AND DEATH
ottendi permit.	1	-	I I MMEDIATI	E (AUSE (a) Pneumon)	.a					
that the d on. by the oth tronsit perr	V		486X	DUE TO, OR AS A CONSEQUENCE OF					CALC: P	
the the sit p			Conditions, if ony, which gove rise to immediate cause (a),	(b)	10,00		9		-	
physicion. signed by the burial-tronsit			stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			. 40			
physici physici signed burial-t			last.	(c)						
				ITIONS CONTRIBUTING TO DEATH BUT N						
		NO	Chronic alcoho	lism; with liver	insuffi	ciency: Chro	onic emphys	sema	CIDEDED IN CED	TIFIVINA
	2	CAT	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED		CAUSES OF DEA	RE FINDINGS CON	ISIDERED IN CER	HEYING
40 500	of	CERTIFICATION	ACCIDENT WAS IMPERIATED.	Lan Ting of Division	las ueu	YES NO X	- 100000		101	
IAN: That or of ficote he for use for use			21a. ACCIDENT WAS UNDERLYING			INJURY OCCURRED (Enter	nature at injury in Por	f I or Part 2, Ite	m 18.)	
Single Spit Spit Spit Spit Spit Spit Spit Spit		MEDICAL	(If either, natify medical examine	r) P.M. 1	9					
PHYSIC ne hospi this cert etached Dept. o			21d. INJURY OCCURRED 21e. P	LACE OF INJURY ( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	Clory,) 21t. LOCA	TION Street at R.F.D. No.	City or Town		County	State
		1	While Not while at work							
by the Affer II be de de Stote			22a. I certify that (I) (this	haspital) attended the deceas	ed from	hat in Imy Javes ani	10	120	y that I	l) (we) last
TOR: A hould the the		Y	causes stated above	ve an 2 / 2 / 2 / (I) (we) (did) (did nat) view the	hadvafter ded	nai ni (niy) (our) apii ath.	non death accurre	a on the date	and naur a	ia irani ine
retoined FCTOR: / S should with the			22b. SIGNATURE	() (10) (10) (10)				22c. DA	TE SIGNED	
OR be re DIRE			nus	ed din Sis	DEGREE	PHYS. DI	ED. STAFF PHYS.	2/	/13/69	
IAL O loy be AL DIII poge e filed	1		22d. PHYSICIAN'S	000000000000000000000000000000000000000		22e. ADDRESS				
RAI			NAME(Type) Nuredd	lin Erk, M.D.		Crownsvil.	le State He	ospital,	, Maryl	and
TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be c should be filed with the State	11	23a.	BURIAL, CREMATION, 23b, DA	123c NAME OF	CEMETERY OR CR	EMATORY Emorial Pk.	23d. LOCATION (City	or Town)	(County)	(State)
Page dir	0	Bi	JREMOVALI(Specify) 2/	15/69 Glen	Haven Me	emorial Pk.				
VD 415	Uso	24.	FUNERAL DIRECTOR	ect Place ADDRESS		2Sa. REC'D BY	REGISTRAR 2Sb	. REGISTRAR'S SI	GNATURE	tyr.
30M REV.	M	5.	ingleton Funer	al Home/Glen Bus	rnie, Md.	DATE FE	B 17 1989	0.5		1

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# MARYLAND STATE DEPARTMENT OF HEALTH

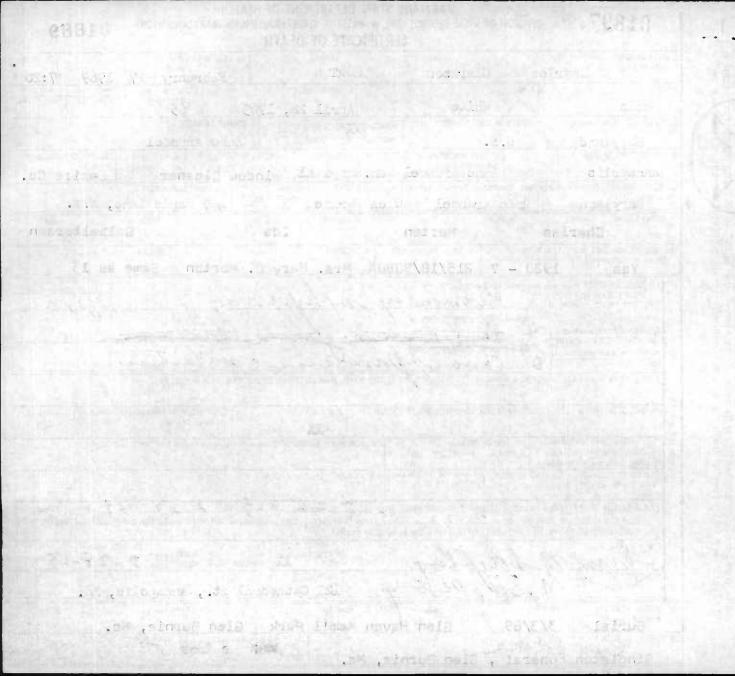
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11193	8	DIVISION OF	VITAL RECORDS		ICATE OF		IMORE, MAR	YLAND 21	1201	018	89
1. DECEASED-NAME	First		Middle		Lost		2o. DATE OF D				2b. HOUP
(Type or print)	Charle	es C	larkson		MORTON		Febr	Month	27°	1969	7:20 A
3. SEX		4. RACE			S. DATE OF	BIRTH		6. AGE (In y	eors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male		W.	hite		April	28, 19	03	lost birthdo	YRS.	NONTHS OAYS	HOURS MIN.
7o. BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRII	D NEVER MA		9. COUNTY OF D	EATH			
country) Maryla	and	U.S.		WIDOWI		ORCED 🔲	Anne A	runde	1		Mo
10. CITY OR TOWN OF	DEATH	11. NA	ME OF HOSPITAL OR II	NOTUTITZE	If not in hospitol		AL OCCUPATION (				BUSINESS OR
Annapol			reet oddress) ne Arunde		Hospit	al during me	ost of working li	fe, even if r	etired.)	INDUSTRY Empi:	re Co.
130. USUAL RESIDENCE	(Where deceose	d lived, if instituti	on: Residence before	13c. CITY	OR TOWN	13d. INSIDE CITY LI		ET AND NUM			
odmission) STATE Mary 1	and	inne A	rundel	Glen	Burnie	YES NO	409	Maple	Lane	e, N.W.	
14. FATHER'S NAME	First Charles	Middle	Morte	n	IS. MOTHER'S	MAIDEN NAME F	irst	N	liddle C a	albalt	lost <b>erson</b>
160. WAS DECEASED EV	VER IN U.S. ARME	D FORCES?	16b. SOCIAL SECURITY	NO. 1.	7. INFORMANT			Ac	dress		
Yes, no, or unknown	(If yes give wo	r or dates of service)	215/10/	9080A	Mrs.	Mary C	. Morto	n s	Same	as 13	
			e for/a), (b), ond (c		0	/					MATE INTERVAL DISET AND OFATH
PART 1. DEA	TH WAS CAUSED	BY: E CAUSE (o)	Muna		Truck	when	ma			Me	AL A A
49-	2 \	DHE TO DETA	A CONSTOLLEMENT OF	. /	1	/				1	
Conditions, if on		1	11/1/20	1000	1. 11	1 11 2 2 2	CAN	11/13	20000		1
rise to immedio	erlying rouse	DUE TO, OR A	S A CONSEQUENCE OF	1	1			1 -			
lost.	enying couse	& wa	nand	Da	ner	car 1	à mu	art	ner		
PART 2. OTHER S	IGNIFICANT COND	OITIONS CONTRIBUT	ING TO DEATH BUT	OT RELATED	TO THE TERMIN	AL DISEASE ORC	ONDITION GIVEN	IN PART 1(o	)		
190. DATE OF OPER	RATION 19b. C	ONDITION FOR WHI	CH OPERATION WAS P	ERFORMED	20o. AU1	OPSY?	20b. IF Y	ES, WERE FII	NDINGS COI	NSIDERED IN C	ERTIFYING
DHE C					YESX	XI NO	CAUSES (	OF DEATH?			
		F. C. 111116 G.	INJURY	21c.	HOW INJURY O	CCURRED (Enter	noture of injury	in Port 1 or	Port 2, Ite	em 18.)	
OR CONTRIBUTING			Month Doy Yeo	19							
- ZIG. INJUKT OCC	URRED 21e F		AT HOME, FARM, STREET, FA		LOCATION Str	eet or R.F.D. No.	City o	r Town		County	Stote
While Not work of work	hile D		OFFICE BUILDING, ETC.							7,000	
22o. 1 certify	thot (I) (this	hospital) atte	nded the deceas	ed from_	2-2	6,196	9, to_	27	196	9 , that	(I) (-we) las:
saw the	deceased ali	ve an	2-27	1967,0	and that in (r	ny) (our) apii	nion death ac	curred an	the date	e and hour	and from the
22b. SIGNATURE	tatea above,	(I) (we) (did) (	did not) view the	body offe	er death.				1		
220. SIGNATURE	. 111	2 1 /	10	0.0	GREE PHYS	ING XX M	IED.	STAFF		TE SIGNED	10
22d: PVYSICIAN'S	MAG	MI	pring	DE	GREE PHYS.		IRECTOR L	PHYS. L	1-	- 680	7
NAME (Type)	FN	1 5/4/	1 PZVE	. 6	121		ral St.	Anna	nalie	Md	
23o. BURIAL, CREMATIC	ON. 23b. D.	ATE	Too NAME OF	CE NETERY !	OR CREMATORY	Jaoneu I					(6, , )
REMOVAL (Specify	230. 0	/3/69		1		Damle	23d. LOCATION			(County)	(Stote)
24. FUNERAL DIRECTOR		1.10	Glen		Mem'l	Park 250. REGD BY	Glen	69 REG	IN PORTER	GNATURE()	
* Le	ner Le	vace				MA.A	REGISTRAR 19	69 1		Service Con	udge.
Sinole	TON THE	neral .	Glen Bur	mie.	Md.	DATE					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 haus after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate—be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01890 01898 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR and completely filled in by the funeral remove carbon papers. Pages 1 and 2 nany event, within 72 haurs after death. within 24 haurs after death (Type or print) Dov Year 4. RACE S. DATE OF BIRT 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) MONTHS HOURS 7a. 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? OUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR street address) during most of working life, even if retired.) INDUSTRY **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campible director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carb shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, 130. USUAL RESIDENCE Jae. STREET, AND NUMBER (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Last Middle Last OR ATTENDING PHYSICIAN: The law requires that the death certificate be 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ! rise to immediate couse (a). O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO 🗌 TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at work 22o. I certify that (I) (this hospital) ottended the deceased from\_ sow the deceosed alive on. 9 19 -6 , and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (I) (we) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DEGREE PHYSICIAN 22d. 22e\_ADDRESS NAME (Type BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATOR UNERAL DIRECTOR REC'D BY REGISTRAR

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1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		01899 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01891
HEALTH DEPT.	1. D	ECEASED-NAME First Middle Last 2a. DATE KNOWN Manth Type or Print)  OF ESTI-	Doy Year 2b. HOUR
ay is 3 to Page		CAIVIN H MULLENS DEATH MATED \ 2	24 1969 PM
del m m3 m3	3. S	4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Month 2 Day YRS.	4 Year 1969 PM
1, 2, m P	7o.	BIRTHPLACE (Store or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1 11
far far	1	ITY OR TOWN OF DEATH   II. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done	12b, KIND OF BUSINESS OR
	7	Macya Landing give street oddress) dumamos of working the give street is soften	INDUSTRY
s after death A.B. Give Pag along with with the Sta death.	130.	USUAL RESIDENCE Where deceosed lived, if institutions residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER dmission) STATE 13b. COUNTY 13b. COUN	
haur Item Office I and 2	14. 1	ATMER'S NAME First Middle . Lost 15. NOTHER'S MAIDEN NAME First Middle /	Lost
hin 24 ncil in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	1 In
wit per xan xan 72	()	(15 yes give war or dates of service) 25,14,413 6 GOMM. WMULENS, Thacey	Landing
		18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in iief Medical E unsit permit. F event within		MMEDIATE CAUSE (a) Cartinoclarate a Cartinorascular Chame	- Dur
		Canditians, if any, which gave rise to immediate cause (a)	~
shauld be executed ne ward "pending" io the Chief Medical burial-transit permit.		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
This certificate should cate, writing the ward be farwarded to the Cl be used as a burial-tru remaval, and in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rifica riting arde d as val, c	NO	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	Loo Alizopeya
for the	CERTIFICATION	WAS PERFORMED?	20. AUTOPSY?
# = 20	MEDICAL CERT	21a. EXTERNAL CAUSE WAS PRIMARY OCCURRED (Enter nature of injury in Part 1 ar Part 2, 1 HOUR A.M. P.M. 19	tem IB.)
Star 3 s	WED	21d. INJURY OCCURRED AT WORK A	County State
DEPUTY SICAL EXAM cessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page calth prior to burial, cren		22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection 🔀, Inquiry 💟	and in my apinian
bicase explained director.  DIRECTO  To bur	113	death resulted from Natural causes 🔼 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner	
y, plea sral dire se retain tal Dire		ACTUAL  SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER   22b. DATE	SIGNED / -
DEPUTY Cessary, Refuneral may be refuneral salth price	18	EXAMINER'S DEPUTY MEDICAL EXAMINER 2	2469
ro DEPUTY necessary, the funero 5 may be ro FUNERA Health pr	00-	NAME (Type)  E. LIN hnk Of ADDRESS(Street, city, town, or county)	apro.
100	230	BURIAL, CREMATION, 236. DATE 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City or Lower SEMOVAL ESpecify) 23d. LOCATION (CITY OF LOWER SEMOVAL ESPECIFY) 23d. LOCA	(State)
VR A15ME (5)	24,	FUNERAL DIRECTOR  LUCIAM BEESE # CONTROL DATE B 2 6 1969 256 STRAR S.  DATE B 2 6 1969 256 STRAR S.  DATE B 2 6 1969 256 STRAR S.	FIGNATURE
1 0	-		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital ar attending physician.

executed within 24 haurs after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

() 3 0 0				CERTIF	ICATE OF	DEATH				~ 10	VA	
DECEASED-NAME     (Type or print)	First	,	Middle		Last		20. DATE OF D	Month	Day	Year	2b. F	
	Frances		none)		MURRAY		Februa	ry 2	1	1969	3:1	
3. SEX		4. RACE			5. DATE OF BI	RTH	6	AGE (In year: last birthdoy)	S IF I	INDER 1 YEAR	IF UNDER	24 HRS
Female			egro	,	Feb.			8/3	YRS.	JAI JAI J	HOURS	
70. BIRTHPLACE (Stocountry) Mary La	te or foreign 7	b. CITIZEN OF WHA		8. MARRIE	D NEVER MAR	KIEU	nne Ar				17	
10. CITY OR TOWN O	F DEATH	11. NA/	ME OF HOSPITAL OR IN	STITUTION (I	f not in haspital		CCUPATION (K		done []	2b. KIND OF	BUSINESS	OR
Annapo	lis	give str Ann	e Arundel	Gen.	Hospital	during mast o	of working life	e, even if retir	ed.)	NDUSTRY		
13a. USUAL RESIDEN		lived, if institution	n: Residence before	13c. CITY	OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREE	T AND NUMBE	R			
admission) STATE	land	13b. COUNTY Anne Ar	undel	Anna	polis	YES NOTE	Rt.	-2, Box	x 156			
14. FATHER'S NAME	First	Middle	Last	-	IS. MOTHER'S MA	IDEN NAME First		Midd			Last	
	Frank	NMN	Cremwel	1	5 M 100	Rache	1	NMN	Ce	lber	t	
16a. WAS DECEASED Yes, no, or unkno	EVER IN U.S. ARMED	FORCES? or dates of service)	16b. SOCIAL SECURITY	NO. 17	. INFORMANT			Addre				
Nes, no, or dikino	36-36-31	****	218-28-8	319	Careli	ne Jack	cson I	.O. E	ex 3	323 A	nna	.N
18. CAUSE OF	DEATH (Enter only	one cause per line	for (o), (b), ond (c)		144	10	1.0			APPROXIF	MATE INTERV.	AL
PART I. C	CATH WAR CALICED E	V. //a	emia:		estive)	Carte	ailu	ne		Lugar	. 46	110
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	iny, which gave	(b) 17	ON OUNCE	of the	terio8	const	ic W	dinea	se !	mar	m	
	iote cause (o), iderlying cause		A CONSEQUENCE OF		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Una	0	-
last.	)	(c)								Juca	ng	_
PART 2. OTHE	SIGNIFICANT CONDI	TIONS CONTRIBUTI	NG TO DEATH BUT N	OT RELATED	TO THE TERMINAL	DISEASE OR COND	ITION GIVEN I	N PART 1(a)				
z												
190. DATE OF O	PERATION 19b. CO	NDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20a. AUTOI	NO XX	20b. IF YE CAUSES O	S, WERE FINDING	NGS CONSI	DERED IN CE	RTIFYING	
21a. ACCIDENT	WAS UNDERLYING	21b. TIME OF	INIURY	210	HOW INJURY OCC		ture of injune	p Port 1 or Po	art 2 Item	101		
₹ □ OR CONTRIBUTI	NG CAUSE OF DEATH	HOUR A.M.	Month Day Year		IIIJOKI OCC	ower fruit iid	iore or injury	n ran i ur ru	ni 2, iielli	10.)		
21d. INJURY C	y medical examiner		AT HOME, FARM, STREET, FAC		LOCATION Secon	or PED No	City or	Laun		number .	£.	ate
While No		The of Hook (	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	1 211.	1	ur K.F.D. Nu.	City or	IUWII	/	ounty	24	116
	wark (1) (this	har sital Latter	dad the decease	d from	MAGY	1008	, to 12	1 Dear of	1000	h Al-us	/1\ /	3 1
saw	e deceased aliv	e on o	ded the decease	900	nd that in (***	(our) opinio	n death acc	urred on th	e date	nd hour	and from	2 t
couses	stated above	+) (we) (did) (4	lid not) view the	bady afte	r death.	, (00.) op	000111 000	01100 011111	ic duic c	ind noor (	JIIG II OI	,, ,,
22b. SIGNATUR	m Vi	100 6			ATTENDIN	C - MED		7455	224 DATE	SIGNED/ /		8
102	0-1-1	MICC	Mu	DE	GREE PHYS.	G XX MED.	TOR	TAFF HYS.	2/2	1/16	00	
22d. PHYSICIAI NAME (Ty		71/20	110.		22e. ADDI				1	1	1	
IVAINE (17	TETER	r. VER	KOUW		1407	Forest	Drive	Annar	polis	, Md.		
23a. BURIAL, CREMA	TION, 23b. DAT		23c. NAME OF	CEMETERY	R CREMATORY	23	d. LOCATION	(City ar Tawn)	(0	aunty)	(State)	
REMOVAL (Spec		25-1969			Church				A.A	. C.	Md	
24. FUNERAL DIRECT			ADDRESS	nna		25a. PEG'D BY RE	GISTRAR 196	25b. REGIST	RAR'S SIGN	ATURE COR	Sag.	
J.E. Hic	eks, 111	43-45	Northwei	t St		DATE	0 100	1		0		

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				Joseph Company
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01902 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01894 DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR death. death puo (Type or print) Bra 4. RACE 3. SFX S. DATE OF BIRTH JE ISNOER I YEAR 6. AGE (In years IE UNDER 24 HRS lost birthday) MONTHS OAYS HOURS MIN 26 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 24 hour 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [ Smacu DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) // during most of working life, even if retired.) INDUSTRY arbon Oleu 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN event 13d. INSIDE CITY LIMITS? 3e. STREET AND NUMBER requires that the death certificate be executed admission) STATE 13b. COUNTY attending physician and composemit. Then please remaye YES NO and in any 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Last Middle Lost 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes no ar unknown) (If yes give war or dates of service) remaval, WAR APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b). ond (c). TWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: permit. 0 IMMEDIATE CAUSE (o) crematian, the Canditians, if any, which gave burial-transit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause burial. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been d far use as the of Health priar ta 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS RERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO . 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year (If either, natify medical examiner) be detached with the State Dept. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION 21e. PLACE OF INJURY Street or R.F.D. No. City or Tawn Stote County While Not while of work OR ATTENDING 22a. I certify that (I) (this haspital) attended the deceased from 6.4. and that in (my) (aur) apinian death occurred on the date and haur and fram the saw the deceased alive on\_ shauld causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED, ATTENDING STAFF PHYS. director, page 3 should be filed v DEGREE DIRECTOR PHYS. Page 4 may b 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OF CREMATORY 23a. BURIAL CREMATION 23b. DATE 23d\_LOCATION (City of Tawn) (County) (Stote) REMOMAL (Specify) 24 FLINERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTIEICATE OF BEATH

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U	1	0	23	7

					CEKTIFICA	ALE OF DEATH						
		CEASED-NAME First		Middle		Last	2a. DATE OF		100		2b. H	IOUR
	(1	ype or print) Kat	herine	E.	Ра	wlak		Month Day	'	Yeor 69	5.	50å
	3. SE.		4. RACE			S. DATE OF BIRTH		6. AGE (In years	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.
		Female	White	2		11/24/90		last birthday) 78 YRS.	MONTHS	DAYS	HOURS	MIN.
1			7b. CITIZEN OF WHA		8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH				
1	coun	unknown	US		WIDOWED	DIVORCED	Anne	Arundel				Md
I	10. C	ITY OR TOWN OF DEATH	11. NAA	ME OF HOSPITAL OR IN	STITUTION (If no	t in hospitol 120. USI		(Kind of work dane	12b. F	KIND OF E	USINESS	-
I		Crownsville	give str	reet address)	e State	Hospital during	most of working	life, even if retired.)	INDU	JSTRY		
	13a.	USUAL RESIDENCE (Where decease	ed lived, if institution	n: Residence before	13c. CITY OR	TOWN 13d. INSIDE CITY	LIMITS? 13e. ST	REET AND NUMBER			100	
	odmi	ssion) STATE Maryland	Jab. COUNTY	-	Balti	more YES 1	NO - 81	8 S. Decke	r Av	zen 110	2	
	_	ATHER'S NAME First	Middle	Lost		MOTHER'S MAIDEN NAME		Middle			Last	
		Frank					Antoine	tte				
	16a.	WAS DECEASED EVER IN U.S. ARM es, na, ar unknawn)   (If yes give w	NED FORCES?	16b. SOCIAL SECURITY	NO. 17. IN	FORMANT		Address				
i	T	unknown	at or othes of service)	216-09-7	738 Ho	spital Reco	rds Cr	ownsville.	Mar	·v121	d_	
В		18. CAUSE OF DEATH (Enter an	ly one cause per line	for, (a), (b), and (c)	.)	/				APPROXIA BETWEEN OF		AL EATH
ı		PART 1. DEATH WAS CAUSED	D BY: ATE CAUSE (a)	Sarcino	ma	tosis-						
		174 X	DUE TO, OR AS	A CONSEQUENCE OF				6				
		Conditions, if any, which gave		ceans	6 14	the bi	renol					
9		rise to immediate cause (a), stating the underlying couse		A CONSEQUENCE OF	1		- 11					
		lost.	(c)									
H		PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTI	NG TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE OF	R CONDITION GIVE	N IN PART 1(a)				
ı	N		dary 4	nemia								
	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20a. AUTOPSY?		YES, WERE FINDINGS OF DEATH?	ONSIDER	ED IN CE	RTIFYING	;
I	RTIFI					YES NO	*					
1		2To. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT		Month Doy Yeor		W INJURY OCCURRED (En	ter noture of inju	ry in Port 1 or Port 2,	Item 18.)	)		
ı	MEDICAL	(If either, notify medical examin	ner) P.M.	1	9						1111	
	Z	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY	AT HOME, FARM, STREET, FA DEFICE BUILDING, ETC.	(TORY.) 21f. LOC	ATION Street or R.F.D. N	lo. City	or Tawn	Count	ty	St	tate
		at work at work						2 /= 10		- 1 -	10.7	
ı		22a. I certify that (I) (the saw the deceased a causes stated above	is haspital) atter	nded the deceas	ed tram <u>9</u>	19	67, IO	occurred on the do	_69_	, that	(I) (We	e) las
		causes stated abave	, (I) (we) (did) (d	did nat) view the	bady after d	eath.	prinari acam	accorred an ine ac	ire unu	, muon (	mu mu	111 111
		22b. SIGNATURE	11 110	1100				22c.	DATE SIG	GNED	NO.	
ı	8	7	y my	all of	DEGRE		MED. DIRECTOR	PHYS.	2/7/	69		
		22d. PHYSICIAN'S NAME (Type) Alber	to Gonzal	lez , M.D.		22e. ADDRESS Crownsvi	11e Sta	te Hospita	1, M	lary.	land	
	230.	BURIAL, CREMATION, REMOVAL (Specify) / 23b.	DATE / 10		CEMETERY OR C		23d. 10CATIO	ON (City or Town)	(Coun	nty)	(Stote)	7
1	24	FUNERAL DIRECTOR	110/17	ADDRESS	DHE		BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATI	URF	71.	1)
	1	AVMANA L K	MOTARA	1 ,	525 FA				lan S	judy	100	
	14	CIMUND NI	170201101	~ )/)/ ~	, , ,	- North	1 4 10					

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01895

1. DECEASED-NAME Fi (Type or print) Char	rst Middle Les Theodore	PLAWIN	tac	2a. DATE OF DEAT	Month Day	1989	2b. HOURA.
3. SEX	4. RACE		TE OF BIRTH	6. A	GE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male	White	Ma:	rch 24, 190	03 6	birthday) YRS.	MONTHS DAYS	HOURS MIN
7o. BIRTHPLACE (Stote or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.	8. MARRIED NE	VER MARRIED 5	Anne An			Md
10. CITY OR TOWN OF DEATH  Annapolis	11. NAME OF HOSPITAL OR IN give street address) Anne Arundel	GenHospi	during mos	OCCUPATION (Kind st of warking life, e	of work done	12b. KIND OF INDUSTRY	BUSINESS OR
admission) STATE Maryland	eased lived, if institution: Residence before   13b. COUNTY   Anne Arundel	13c. CITY OR TOWN	13d. INSIDE CITY LIM YES NO	809 R	AND NUMBER	w Drive	
14. FATHER'S NAME First  16a. WAS DECEASED EVER IN U.S. A	Middle A COST.  IRMED FORCES?   16b, SOCIAL SECURITY	lun	HER'S MANDEN NAME FIR	st C	Middle		Lost
	ve war or dates of service) 212659	450 M	and K.	Klan	Address	al	ne
PART I. DEATH WAS CAU	anly one cause per line for (a), (b), and (c) SED BY: DIATE CAUSE (a)		dema				MATE INTERVAL DISSET AND DEATH
Canditions, if any, which gav rise ta immediate cause (a stoting the underlying cous	). (b)	two her	ext fai	luri C	homi	2u	uler
last.	ONDITIONS CONTRIBUTING TO DEATH BUT N	the 1	EDMINAL DISEASE OR CO	INDITION CIVEN IN C	PADT 1/a)		
	Commodition to bearing both	TOT KEDNED TO THE T	EKMINAL DISEASE OR CO	MOINON OIVEN IN F	AKI I(U)		
190. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS P		a. AUTOPSY?	20b. IF YES, CAUSES OF D	WERE FINDINGS CO EATH?	DNSIDERED IN CI	ERTIFYING
G (If either, notify medical exa	HOUR A.M. Month Day Yeorminer) P.M.	9	JRY OCCURRED (Enter i	nature af injury in f	Part 1 or Port 2, 1	tem 18.)	
While Not while at wark	le. PLACE OF INJURY (AT HOME, FARM, STREET, FA			City ar Ta		County	State
22a. I certify that (I) ( saw the deceased causes stated aba	alive an 2/21 ye, (I) we the decease of the decease	ed, fram1969_, and that bady after death.	in (my) (our) apin	, ta ion death occur	2/21, 19_ red on the dat	69 , that te and hour	(I) (NG)Clast and from the
22b. SIGNATURE	with my	DEGREE P		D. STA	FF m 1	ATE SIGNED	31969
	M. Smith, M.D.		e. ADDRESS Hahn P <b>ro</b> fB]	ldg., Sev	erna Par	ck, Md.	
REMOVAL (Specify)	DATE 23c. NAME OF	CEMETERY OR CREMA	cem'	23d OCATION (Cit	apolo	(County)	Itate) Incl
24 FUNERAL DIRECTOR	ADDRESS ADDRESS	(1	2Sa. FEB	26 10C9	Sh REGISTRAR'S	SIGNATURE	Lee

and 2 death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicign and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages should be filed with the State Dept. at Health priar to burial, cremation, ar remaval, and any event, within 72 hours. Page 4 may be retained by the haspital ar attending physician. VR AIS

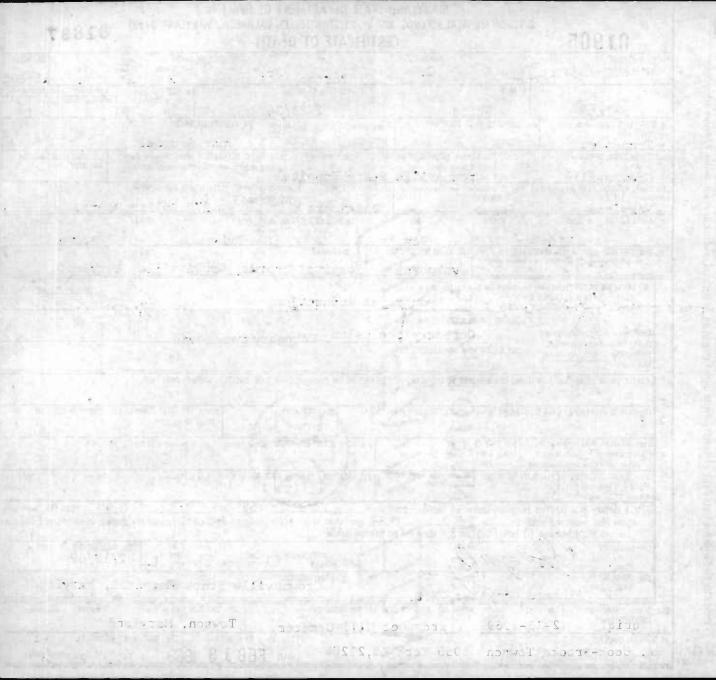
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CERTIFICATE OF DEATH

	LUUU				CENTILL	CAIL OI	DLAIII				,m				
1. DECEASED-NAM		First		Middle		Last		2a. DA	ATE OF DEA		(7-		9.17	2b. H	IOUR
(Type or print	t)	Luther		C.		Porte	Jr.			Month	10 Day		eor 9	11:	301
3. SEX		4. RACI				S. DATE OF			16.	AGE (In year	-	IF UNDER 1		IF UNDER	
										ast birthday	() N	NONTHS	DAYS	HOURS	MIN.
7a. BIRTHPLACE	le	71 (17170	Whit N OF WHAT		10		23/34	o count	TY OF DEA	34	YRS.				
(ountry)	(State ar tareig	n /b. CIIIZE	N UF WHAI	COUNTRY?		NEVER MA		9. COUN	IT UF DEA	AIH					
Tenne	ssee		US		WIDOWED	Land	ORCED 🔲	Anı	ne Ar	unde	1		777		Mo
10. CITY OR TOW	VN OF DEATH		11. NAME	OF HOSPITAL OR IN	STITUTION (If I	nat in haspital				nd of work			IND OF B	USINESS	OR
Crown	sville		Gree Street	et oddress) wnsville	State	Honn	tal during m	ost of wo	orking life,	even if re	rired.)	INDUS	JIKY		
13o. USUAL RESI	DENCE (Where	deceased lived, i		Residence before			13d. INSIDE CITY L	IMITS? 1	3e. STREET	AND NUMI	BER				
odmission) STA		13K. C			D 1		YES N	0 🗆	277	D-11	0				
Maryl 14. FATHER'S NA			1to Middle	Last		imore	LAIDEN MANE I	Ciasa	7.11	Dalla Talla	ddle	ouri		Total	
14. FATREK 3 NA	TAVE LILZI		nidale	fazi		S. MUINEKS A	MAIDEN NAME	rirst		IVIII	agie			Last	
		Luther		Port				Rub	у			Br	own		
160. WAS DECEA Yes, no, or un		S. ARMED FORCES as give war ar dates of s	5? 16	b. SOCIAL SECURITY	NO. 17.	INFORMANT				Add	dress				
162, 110, 01 011	ikilowii) (** 7	or give wor or dures or :	er vice)	unknown	Ho	ospita.	Record	s, C	rowns	ville	e, Ma	ary1	and		
1B. CAUSE	OF DEATH (En	ter only one cau	se per line f	ar (a), (b), and (c).	1								APPROXIMA		
	I DEATH WAS	ALISED RY-		Myocar		infarct	-ion					DE	IWEEN UND	EI AND DE	AIH
111	00 11	IMEDIATE CAUSE			77	LIIIaici	·					+			
41	07			CONSEQUENCE OF											
	s, if any, which mediate cause		(b) CC	ronary c	cclus	Lon, Co	ronary	thron	mbosi	s					
	e underlying c		TO, OR AS A	CONSEQUENCE OF											
last.		<del></del> )	(c)		Til.m										
PART 2. O	THER SIGNIFICAL	T CONDITIONS C	ONTRIBUTING	TO DEATH BUT N	OT RELATED T	O THE TERMIN	AL DISEASE OR	CONDITION	GIVEN IN	PART 1(o)					
_															
19a. DATE C	OF OPERATION	19b. CONDITION	FOR WHICH	OPERATION WAS PE	REORMED	20a. AUT	OPSY?	12	20b. IF YES	, WERE FINI	DINGS CO	NSIDERE	D IN CER	TIFYING	
E E			TOR TIME!		III OIIIII D	YES [		- 1	CAUSES OF			131DEILE			
THE ACCUS	DENT WAS UND	DI VINC Lav	TIME OF IN	Himy	To: t	_					0 10 11	101			
ZIO. ACCID	BUTING CAUSE	LID.	TIME OF IN. JR A.M. A	JUKT Nonth Day Year	21c. F	OW INJURY O	CCURRED (Ente	er noture o	of injury in	Part I or	Port 2, Ite	am 18.)			
(If either,	notify medical	exominer)	P.M.	19	9										
ZIO. INJUR	RY OCCURRED	21e. PLACE OF	INJURY (AT	HOME, FARM, STREET, FAI ICE BUILDING, ETC.	CTORY,) 21f. L	OCATION Str	et or R.F.D. No	).	City or 1	lown .	-014	County	,	St	tate
While _	Not while at wark		\ On	ACE BUILDING, ETC.											
		) (this basnit	al) attend	ed the decease	ad fram	12.7	31 196	8 1	a 2/	/10	19 (	59	that (	(I) (w/	a) las
saw.	the decease	ed alive an	2/	10	9 69 ar	d that in (r	ny) (gur) an	inian de	eath acci	irred an	the data	e and	haura	nd fra	m the
can	ises stated a	bove (1) (we	) (did) (di	d nat) view the	bady after	death.	.,,, (ao,, ap	illian do	Jann acce	niou un	ine dan	unia	naoi a	ila ila	
22b. SIGNA		11		9							22c. D/	ATE SIGN	NED	110	
-	CC	ya	alka		DEG	REE PHYS.	ING D	MED. DIRECTOR	□ ST	HYS.	2/	10/	69		
22d. PHYSI	ICIANT	- 0		1		11110.					1	-			
	(Tunn)		(1)	16.70		Cr	DRESS D <b>wnsvi1</b>	le S	tate	Hosp	ital	, Ma	aryl	and	
		erto Go	nzaYe												_
23a. BURIAL, CR	EMATION,	23b. DATE		23c. NAME OF						City or Taw		(County	y)	(State)	
PAYONE!	a1""	2-13-19	69	Prospe		1 Ceme				Mary					
24. FUNERAL DI				ADDRESS			2Sa. REC'D E			2Sb. REGI					
Wm. Co	ok-Broo	oks Tows	on 1	050 York	Rd, 2	1204	DATE FE	B 1	3 19	69	Cha	rea	o yes	de	600

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death Poge 4 may be retained by the hospitol or ottending physicion.

30M REV. 108



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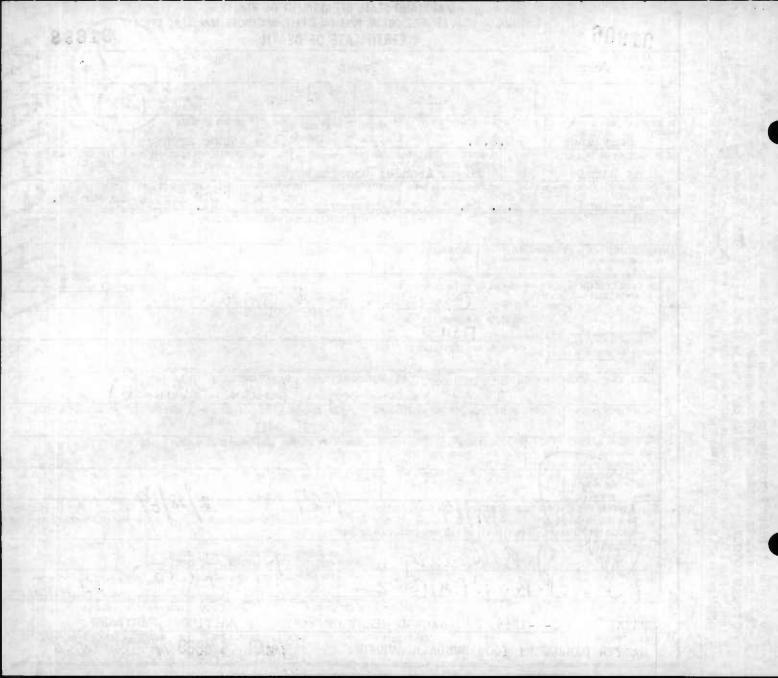
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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01898

1. DE	ECEASED-NAME First Type or print) John		A Middle	Po	lost sko		20. DATE OF	DEATH Month 28 Doy	y 69'eor	2b. HOUR 5:300
3. SE	Male	4. RACE	White		S. DATE OF BIRTH		= ==	6. AGE (In years lost birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	BIRTHPLACE (Stote or foreign ntry)  Maryland	7b. CITIZEN OF WHAT C	OUNTRY?	8. MARRIED WIDOWED	NEVER MARRIE		Anne	DEATH Arundel		Mc
	CITY OR TOWN OF DEATH Glen Burnie	give street	of HOSPITAL OR INS oddress) oth Arun	TITUTION (IF	not in hospitol ospital			(Kind of work done life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
	USUAL RESIDENCE (Where deceos ission) STATE Maryland	ed lived, if institution: I 13b. COUNTY A.A. CO	Residence before	13c. CITY O	R TOWN 13d.	INSIDE CITY LIMITS		REET AND NUMBER d Herold H	larbor F	₹d.
14. F	FATHER'S NAME First	Middle	Lost		IS. MOTHER'S MAIDE	EN NAME First		Middle		Lost
	. WAS DECEASED EVER IN U.S. ARA Yes, no, or unknown) (If yes give w	MED FORCES? var or dates of service)	. SOCIAL SECURITY N	10. 17.	INFORMANT			Address		
	1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSEI IMMEDIA  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	D BY: ATE CAUSE (o) DUE TO, OR AS A	CONSEQUENCE OF	In.	Heart	Fai	lur			IMATE INTERVAL ONSET AND DEATH
NO	PART 2. OTHER SIGNIFICANT COM	Righ	t PW	lun	ang ef	fusio	~~	(Pleural		
CERTIFICATION		CONDITION FOR WHICH C	PERATION WAS PER		YES T	NO 🗌	CAUSES	YES, WERE FINDINGS ( OF DEATH?		ERTIFYING
MEDICAL CE	210. ACCIDENT WAS UNDERLYING CAUSE OF DEAL (If either, notify medical exami	HOUR A.M. M	onth Day Year 19					ry in Port 1 or Port 2,	1-300	
W	While Not while 220. A certify that (I) (the saw the deceased of courses stated above	is hospital) attende	ed the deceose	'  ed from_ 9, or	1967	, 19	_, to_2	or Town  28/69, 19  Accurred on the do	ote ond hour	State t (I) (we) los and from the
	22b. SIGNATURE 22d. PHTSICHAN'S (TAME (Type)	). B. Ro	muse 3m1 Bla	-	ATTENDING PHYS.  22e. ADDRES	MED. MED. DIRECTOR		STAFF PHYS.	DATE SIGNED	2/061
230.	BURIAL, CREMATION, 23b. REMOVAL (Specify) 3-	DATE 4-1969	23c. NAME OF C		R CREMATORY RT OF MAR			ON (City or Town)  IMORE, MARY	(County)	(Stote)
24.	FUNERAL DIRECTOR WALTER DABROY		ADDRESS		25	O. REC'D BY R	EGISTRAR 1	369 REGISTRARS	SIGNATURA	esign.



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	490	7			CERTIF	CATE OF	DEATH			041	000		
	ECEASED-NAME	First		Middle		Last		2a. DATE OF		010	000	2b. HOL	JR F
(1	Ype or print)	John		Murry	1	Preston		FI	EB Month 15	Day 69	Year	2155	5 N
3. SE	X		4. RACE			S. DATE OF	BIRTH	-4.0	6. AGE (In years		ER I YEAR	IE UNDER 24 H	HRS.
M	ale		Caucas	ion		21 J	ULY 1903	l	last birthday)	RS. MONTHS	DATS	nouks /	MIN
	BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIE	D NEVER MA	ARRIED 9	COUNTY OF	DEATH				
Me.	lrose Mi	nnesota	United	States	WIDOWE		ORCED 🔲	Annar	rundal				Md
Ft	Geo G.	Meade,	Md. US			f not in hospitol  Hospit			(Kind of work do life, even if retire neer			Gov't	
13o. adm	issian) STATE	(Where deceose	d lived, if instituti	on: Residence before	13c. CITY	OR TOWN  Meade	13d. INSIDE CITY LIM YES X NO		REET AND NUMBER		ve	3330	
14. [	FATHER'S NAME	First	Middle	lost	11010		MAIDEN NAME Fir	st	Middle			Last	
			rew Pres			is. morners	Elino		(La'Fori		Pro	eston	
16a.	WAS DECEASED E			16b. SOCIAL SECURITY	NO. [17	. INFORMANT	EIIIO		Address		11.	23 0011	_
Υ	res, no, ar unknowr No		r or dates of service)	517-09-63	2)1	eon) Te	nmr Pro	eton 16	631 Walte	יות ייב	FC	CM M	d
		FATH (Enter only	one couse per lin	e far (a), (b), and (c)	- 17	SUIL TE	114 116	3 11011 23	WALL.		APPROXI	MATE INTERVAL NSET AND DEATH	-
		THE WHAT CARICED	DV	piration		onie						dav	1
	410	IMMEDIA		S A CONSEQUENCE OF	prieum	UIIIA						24	_
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	PART 2 OTHER S	SIGNIFICANT CON		TING TO DEATH BUT N									_
CERTIFICATION	19a, DATE OF OPE	RATION 19b. C	ONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	2Da. AUT	OPSY?	20b. IF	YES, WERE FINDING	GS CONSIDE	RED IN CI	RTIFYING	
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CERT	21a. ACCIDENT V							nature of iniu	ry in Part 1 ar Port	t 2. Item 11	B.)		_
MEDICAL	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M.	Manth Day Year	-1								
MED	(If either, notify 21d, INJURY OCC	TIRRED 21e		AT HOME, FARM, STREET, EA OFFICE BUILDING, ETC.		LOCATION Str	eet or R.F.D. No.	City	ar Tawn	Cau	ntv	State	9
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	22b. SIGNATURE	1 A		1 ,	- 1	ATTEND	DING ME	D —	CTAFF	22c. DATE S	IGNED	River	
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	22d. PHYSICIAN'S		IIDTN OT	ATT MC		22e. AC							
	NAME (Type	ALAN I	UBIN, CF				2 Metze		d., Hyati	tsvil	le,	Md.	
	BURIAL, CREMATI					OR CREMATORY			ON (City ar Tawn)		unty)	(State)	
_	Burial Specific		.21,1969			eran Ce			g, Minne				
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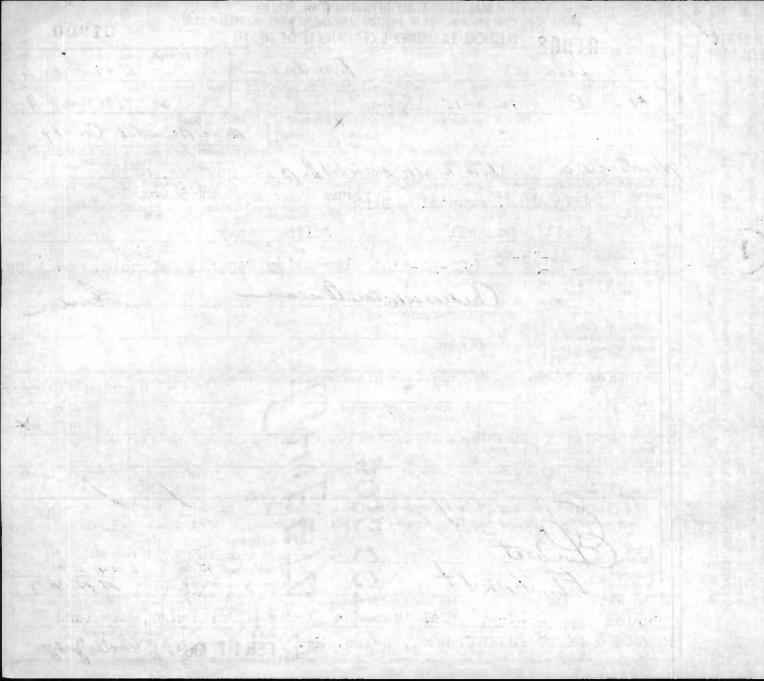
TO FUNERAL DIRECTOR: After, this certificate hos been signed by the attending physicion and completely filled-in-by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in ony event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or attending physician.

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FOR STATE	2	/20/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201	1900
HEALTH DEPT		DECEASED NAME Lost 20 DATE KNOWN Month D	Doy Yeof 2b. HOUR
· 5 6 5 5		(Type or Print) Leon OF ESTI- DEATH MATED 2 1	4 16 AM
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hours ofter deoth tem 18. Give Pages 1, office along with form and 2 with the State Death.	91	Les Burnie give street oddress) Aronth Arondel for NSA GOVT FT MEAD	2b. KIND OF BUSINESS OR NDUSTRY
rs offer de la Give F. e along with the death.	-	LUSUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE MARYAT, DN N. Arundel Park 13 Box 26	
	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Phillip Randall Julia Chaney	Lost
within 24 or perdice is Company in Property in T2 hours	160.	Was Deceased ever in u.s. Armed Forces? Yes, no, or unknown) 1-30-12  16b. Social Security No. 17. INFORMANT  Clementine Randall Columbia	
nould be executed within 24 word "pending" in parch is the Chief Medical Examiner's riol-transit permit. File-poges nony event within 72 hours		1B. CAUSE OF DEATH (Enter only one couse per lime for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  LICENSE OF DEATH (Enter only one couse per lime for (o), (b), and (c).)	APPROXIMATE INTERVAL DETWEEN ONSET AND DEATH
should be exite word "pen or the Chief N puriol-transit I in ony evenit		Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse (b).  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF	
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is certificate should to, writing the word forwarded to the Clee used as a burial-tremoval, and in any	CERTIFICATION	196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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XAM the th the th your your rage crem	W	21d. INJURY OCCURRED  WHILE AT WORK AT WORK  21e. PLACE OF INJURY (At home, form, street, foclory, office building, etc.)  21f. LOCATION Street or R.F.D. No.  City or Town	County Stote
AL fo OR or		220. I certify that blook charge of the remains described above, held on Autopsy, Inspection, Inquiry, death resolted from: Notural causes, Accident, Suicide, Homicide, Undetermined monner	ond in my opinion
		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER 22b. DATE SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE SIGNATURE	GNED
o DEPUTY COLOR necessory, pleose e the funeral director 5 may be retained o FUNERAL DIRECT Health prior to bu		EXAMINER'S - / / DEPUTY MEDICAL EXAMINER 1 2-1	4-69 3.17.08.
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PHYSICIAN'S

23o. BURIAL, CREMATION

NAME (Type) Charles W. Kinzer, M. D.

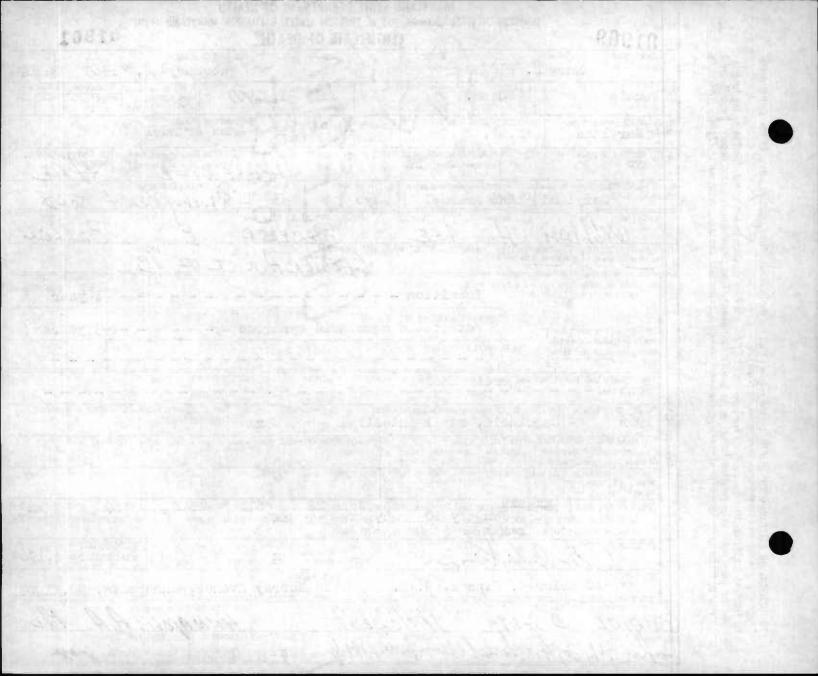
23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

2So. REC'D BY REGISTRAR

16 Murray Avenue, Annapolis, Md. 21401

2Sb. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01902 CERTIFICATE OF DEATH DECEASED-NAME First 20. DATE OF DEATH Middle death. 2b. HOUR P The law requires that the death certificate be executed within 24 hours after death ROBERTSON uneral I and (Type or print) Sigurd :30 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Male White September 26, 1893. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAL COUNTAY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country Oslo, Norway. campletely filled in carban paper Anne Arundel County event, within 72 WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of warring life even it refired. Annapolis 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland 3b. COUNTY Anne Arunde YES 🗀 NO T Annapolis 736 Rosedale Street any 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Last andin the attending physician sit permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IZ\_INFORMANT Yes, na, ar unknown) (If yes give war or dates of service) burial, crematian, ar remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per June BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if any, which gave) rise to immediate cause (a). Page 4 may be retained by the haspital ar attending physician. DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) far use as the b I Health priar to b has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO X this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year State Dept. af (If either, natify medical examiner) P.M. be detached ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark TO FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) attended the deceased from. 19 and that in (my) (our) opinion death accurred on the date and haur and from the 3 shauld director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. MGNATURE DATE SIGNED STAFF DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE CEMETERY OR CREMATORY

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MARYLAND STATE DEPARTMENT OF HEALTH

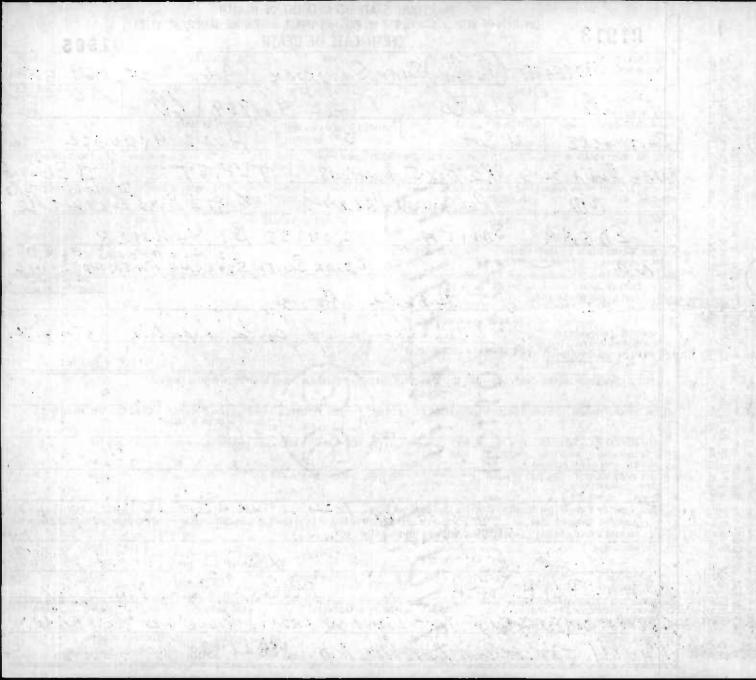
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	01010	DIAIZIO	N OF VITAL RECO	KDS, 301 V	V. PRESION SIREEI, BALIII	MORE, MARTLAND 21201		
	01913			CERT	FICATE OF DEATH		01905	
	ECEASED-NAME Type or print) MBR	First GARET	PEGGY)	SMITH	SANDROCK	2a. DATE OF DEATH  Amonth 25	Day 19 Year 9	2b. HOUR 355A M
3. SE	Lemale	4. RACE	Ibete		S. DATE OF BIRTH	909 6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS RS.	IF UNDER 24 HRS. HOURS MIN.
7a. I	BIRTHPLACE (State or foreign Dry) BITTIM ORE	7b. CITIZEN	N OF WHAT COUNTRY?		RIED NEVER MARRIED 5	HNNE AR	UNDEL	Md.
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adm	USUAL RESIDENCE (Where dission) STATE	13b. CO	OUNTY HURS from	efare 13c. Cl	Y OR TOWN 13d, INSIDE CITY LIM  WHAPPOLIS YES NO	PTI BOXS	ANNARO	// /
	FATHER'S NAME First	R	SMITH	ast L	15. MOTHER'S MAIDEN NAME FIR	B. HAMM		Lost
	. WAS DECEASED EVER IN U.S (es, no, ar unknown) (If ye	s give war or dates of so		URITY NO.	COGAR SMITH	23 ANNADOR		21146
	18. CAUSE OF DEATH (Ent PART I. DEATH WAS C		71.	nd (c).)	Coma		BETWEEN C	IMATE INTERVAL DINSET AND DEATH
	Conditions, if any, which g	DUE 1	TO, OR AS A CONSEQUENCE	CE OF.	na of por	to hepatis	5-	months
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NO	PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	INTRIBUTING TO DEATH I	BUT NOT RELA	TED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(0)		
CERTIFICATION			FOR WHICH OPERATION V	VAS PERFORME	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN C	ERTIFYING
DICAL CE	21o. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE O (If either, notify medical e	OF DEATH HOU	TIME OF INJURY IR A.M. Month Day P.M.		1c. HOW INJURY OCCURRED (Enter	nature of injury in Port 1 or Part	2, Item 18.)	
ME	21d. INJURY OCCURRED While Not while at wark	21e. PLACE OF I	NJURY (AT HOME, FARM, STR OFFICE BUILDING, ET	REET, FACTORY.)	1f. LOCATION Street or R.F.D. No.	City or Town	County	State
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	22b. SIGNATURE Ray	In ,	Smith m	n.P	DEGREE PHYS. ME	D. STAFF DECTOR PHYS.	2c. DATE SIGNED	5/969
	22d. PHYSICIAN'S NAME (Type)	M Ya	Smith		22e. ADDRESS SEVERW		D.	/
(	REMOVALIS DECITY ON	FEB 20	1969 FOR	TLIN	Y OR CREMATORY CREM,	PRINCE GEO.		(State)
24.	FUNERAL DIRECTOR	24/101	0 6	DRESS	A MD PAFEB	REGISTRAR 2Sb. REGISTRA	IR'S SIGNATURE	44



a K. Seitz 5209 York Rd. Funeral Home Balto. Md.

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME the foneral ages 1 and 2 is after death. First Middle Lost 2a. DATE OF DEATH 24 haurs after death (Type or print) JOHN WESLEY SCHUMAN SR. attending physician and completely filled in by the for permit. Then please remave carban papers. Pages I an, ar remaval, and in any event, within 72 hauts after 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) 16 MAY 1920 CAUCASION MALE 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote ar foreign 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED PENNSYLVANIA WIDOWED [ DIVORCED [ ANNE ARUNDEL 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done fed within give street address) NAVAL HOSPITAL during mast of working life, even if retired.) ANNAPOLIS 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY YES T NO requires that the death certificate be execut MARYLANI LOCKWOOD 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First SCHUMAN ELLA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. ar unknawn) MRS. SUE H. SCHUMAN 213 LOCKWOOD COURT, AND 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY: ARTERIOSCLEROTIC HEART DISEASE IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) (b) HYPERTENSIVE CARDIOVASCULAR DISEASE burial-transit rise to immediate cause (o), by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying cause (c) GOLDBLATT KIDNEY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b Health priar tab O FUNERAL DIRECTOR: After this certificate has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🔽 NO 🗍 of Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED directar, page 3 shauld be detache shauld be filed with the State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Nat while at work

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) County Stote 22a. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an\_\_\_\_\_ , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF DEGREE 03 MARCH 1969 DIRECTOR 22d PHYSICIAN 22e. ADDRESS 23b. DATA 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) **BURIAL, CREMATION** (State) ARLING-TON NATIONAL 2Sa. REC'D BY REGISTRAR

01907

12b. KIND OF BUSINESS OR

GOV ERNMENT

COURT. ANNA.

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APPROXIMATE INTERVAL

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01908 CERTIFICATE OF DEATH **DECEASED-NAME** First Middle Lost 20. DATE OF DEATH 2b. HOUR 10:10A (Type or print) February 26 1969 Thelma Simms M 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX White June 13, 1908 Female 60 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED [ DIVORCED U.S.A. Maryland Anne Arundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Payroll Clerk Plastic give street oddress) Glen Burnie North Arundel Hospital 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 18b. COUNTY NO [ YES 800 Fairlawn Avenue Maryland Prince George Laurel 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Middle First Middle Minnie Knight King David 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown) Ernest Simms, same as 13 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o) (8) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 1985 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO TO 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work ot work 22a. I certify that (()) (this haspital) of ended the deceased from... , and that in (my) (aur) apinian death accurred on the date and hour and from the saw the deceased alive on. causes stated abave (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 325 Hospital Drive Glen Burnie, Md. Charles Ma 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote)

Holy Trinity Church Cem.

TO FUNERAL DIRECTOR: After this certificate has been director, should be

after death.

attending physician and compl**ement** filled in by the funeral permit. Then please remove carbon papers, Pages I and ion, ar remaval, and in any event, within 72 baurs after death

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signed by the burial-transit p

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ATTENDING PHYSICIAN: The

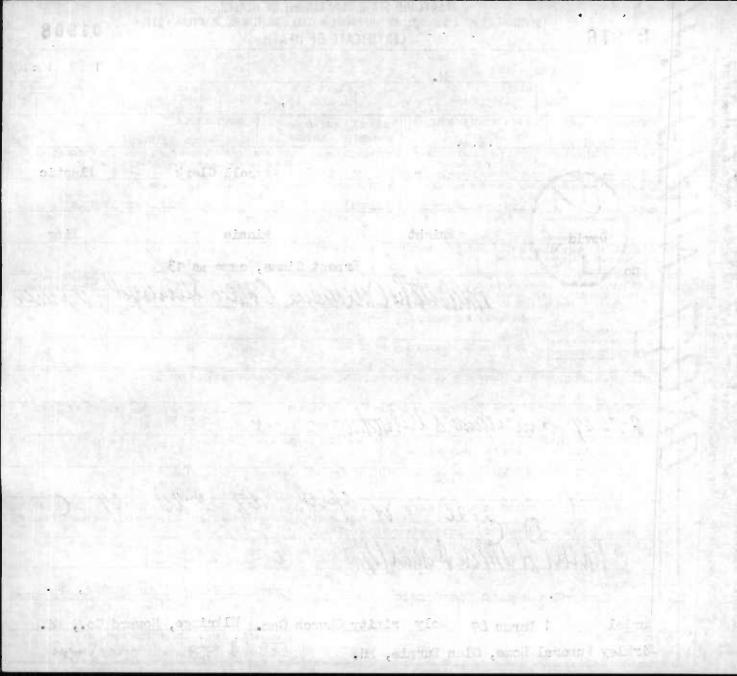
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law requires that the death certificate be executed within 24 haurs after death

24. FUNERAL DIRECTOR **ADDRESS** Kirkley Funeral Home, Glen Burnie, Md.

1 March 69

Elkridge, Howard Co., REGISTRAR 255. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR ychonies Judge



					ATE OF DEATH		01909	
	1. DECE (Typ	ASED-NAME First e or print) Slaughter, Geo	orge H.	dle	Last	2a. DATE OF DEATH Feb. Manth 2	4 Day 69 Year 2b. HC	OUR 5 P
	3. SEX ™	Tale	4 RACE White		5. DATE OF BIRTH 6-21-04	6. AGE (In year last hirthday)	YRS. IF UNDER 1 YEAR IF UNDER 24  WONTH'S GAYS HOURS  YRS.	HRS.
	country	THPLACE (State or foreign y) arvland	7b. CITIZEN OF WHAT COUNTRY	? 8. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Anne Arundel,	Maryland	Mc
4	10. CITY	Y OK TOWN OF DEATH Flen Burnie	11. NAME OF HOSP give street address North	rundel Hos	natin haspital 12a. US spital during	UAL OCCUPATION (Kind of work most of working life even if reter the control of th	dane 12b. KIND OF BUSINESS OF RODUSTRY	OR Comme
	13a. US admissi	SUAL RESIDENCE (Where decease ion) STATE Maryland	ed lived, if institution: Residen 13b. COUNTY Anne Arunde:	e befare 132 CITY OF			R 19 Pasadena,	Md.
	14. FAT	THER'S NAME EIRST RE	ephiddle SC	aughter !	s. MOTHER'S MAIDEN NAME	First Mid	dle Fosler	ر
ġ	160. W Yes un	/AS DECEASED EVER IN U.S. ARM , na, ar unknawn) (If yes give w KNOWN	NED FORCES? or ar dates of service)	- 1.	informant Jollie	Slambel	to Con	e
9	14	8. CAUSE OF DEATH (Enter and PART 1. DEATH WAS CAUSED	γ ane cause per line far (a), (b ) BY: .TE CAUSE (a)	), and (c).)	hoes	K. GA	APPROXIMATE INTERVA BETWEEN ONSET AND OFA	ATH
	ri	anditians, if any, which gave) ise ta immediate cause (a),	DUE TO, OR AS A CONSEQ  (b)	betes o	mellity	Farwere o	olesty 1 m	20
	lo	tating the underlying cause state.  PART 2 OTHER SIGNIFICANT CON	(c) V-	Meron	ted der	RCONDITION GIVEN IN PART 1(a)	(m	0
2	N L	0.00	CONDITION FOR WHICH OPERATION		20a. AUTOPSY?  YES NO.	20b. IF YES, WERE FIND	INGS CONSIDERED IN CERTIFYING	
	Z [	To. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING  CAUSE OF GEAT  of either, notify medical examin	H HOUR A.M. Manth D		OW INJURY OCCURRED (En	ter nature of injury in Part 1 or F	Part 2, Item 18.)	
	N V	21d. INJURY OCCURRED 21e. While Not while twark	PLACE OF INJURY (AT HOME, FAR.		OCATION Street ar R.F.D. I	Na. City ar Tawn	Caunty Sta	ote
		2a. I certify that (I) (thi	is haspital) attended the live an (1) (we) (did) (did nat) v	7 19 - 1. on	that in (my) (aur) a	C 7 , ta Feb 2 ) pinian death accurred an t	, 19 <u>6</u> , that (I) (we he date and haur and fran	
	2	2b. SIGNATURE	alvare	DEG	REE PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED 24-	- 6
1	2:	2d. PHYSICIAN'S NAME (Type)	· ALUARE		22e. ADDRESS	fosp.		
		REMOVAL (Specify) 23b. (	PATE 28/69 23c.	WANT OF CEMETERY OR	uss Cent	23d. LOCATION (City or Town	(County) (State)	28
	24 FL	INERAL DIRECTOR O	0 1	ADDRESS	247 7140	AY REGISTRANCO ZSIS REGIS	TRAR'S SIGNATURE	

OT 210	The state of the state of	CERTIFICATE OF DEATH		OISIU
1. DECEASED-NAME First (Type or print) Ellswo:		SMITH, Sr.	20. DATE OF DEATH  Month February 20	2b. HOUR 1969 11:10
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White		903 65 YR	
70. BIRTHPLACE (Stote or foreign country)  Maryland	76. CITIZEN OF WHAT COUNTRY? U.S.	8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Anne Arundel	
Annapolis	11. NAME OF HOSPITAL OR IN: give street oddress) Anne Arundel	Gen. Hospital	UAL OCCUPATION (Kind of work don lost of working life, penif peried	
30. USUAL RESIDENCE (Where deceosed dece	ed lived, if institution: Residence befare 13b. COUNTY Anne Arundel	13c. CITY OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	
14. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME	First Middle	Lost
16a. WAS DECEASED EVER IN U.S. ARM Yes, na, or enknown) (If yes give wi	NED FORCES? or or dates of service)  16b. SOCIAL SECURITY I	NO. 17. INFORMANT V.	SMITH Address	# 13
PART I. DEATH WAS CAUSED	γ ane couse per line far (a), (b), and (c).  BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
441,2 IMMEDIA	TE CAUSE (a) Shock			- + 4 days
Canditions, if any, which gave )	DUE TO, OR AS A CONSEQUENCE OF			- 1 week
rise ta immediate cause (o),	(b) <u>Uremia</u> —— DUE TO, OR AS A CONSEQUENCE OF			I week
stoting the underlying couse			C and a (abdamin	2
PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	erotic occlusion o	CONDITION GIVEN IN PART 1(a) TE	al)+ 2 weeks(:)
7	hosis, Aortic ster	osis with relative	e mitral insuffi	eart failure.
Taennec's cirr 19a. Date of Operation 19b. ( 21o. ACCIDENT WAS UNDERLYIN	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES NO [	20b. IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
2 Io. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	H HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Ent	ter nature of injury in Part 1 ar Part	
21d. INJURY OCCURRED Value. While Nat while at wark at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		la. City ar Tawn	County State
220. I certify that (I) (the saw the deceased al	ive on 2/20 1 , (I) (viewe) (did) (dicknots) view the	9_69, and that in (my) (our) or	69_, ta2/20, pinian death occurred on the	19 <u>69</u> , that (I) ( <b>sæ)</b> la dote and haur and from th
22b. SIGNATURE Charl	allting	DEGREE ATTENDING PHYS.	MED STAFE	ebruary 21,1969
22d. PHYSICIAN'S NAME (Type) Charle	s W. Kinzer M. D.	22e. ADDRESS	Are Ammonolia	Marriand 2110
230. BURIAL, CREMATION, 23b. D		CEMETERY OR CREMATORY	Ave., Annapolis 23d. LOCATION (City or Town)	(County) (State)
24. FUNERAL DIRECTOR M. T.	AUTOR Souls ADDRESS	mous Mo DATE	BREGISTRAR 1969 Sb. REGISTRA	R'S SIGNATURE

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and canaletely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Po should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hour. completely filled in by Page 4 moy be retained by the hospital or attending physician.

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within 24 haurs after death.

To be a final by the retained by the nashral of arenance by the attending physician and campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages, should be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs at

VR A15 30M REV. T

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital ar attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01911

1. DECEASED-NAME	First	Middle	Last	20	. DATE OF DEATH		2b. HOUR
(Type or print)	Frank	V.	Smith		Manth 2/10	A5 69	11:45M
3. SEX	4. RACE			OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male		White	8,	2182	last birth ay)	S. MONTHS DAYS	HOURS MIN.
7o. BIRTHPLACE (Stote ar	fareign 7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED X NEVE		OUNTY OF DEATH		
Maryland	US				nne Arundel		Md.
O. CITY OR TOWN OF DE	ATH 11. N	IAME OF HOSPITAL OR IN	ISTITUTION (If nat in hosp		CUPATION (Kind of wark dan Working life, eyen if retired		BUSINESS OR
Crownsvi.	rie G	cownsville	State Hosp	ital CIV	16 DEPUICE		ET,
13a. USUAL RESIDENCE (Vodmission) STATE	here deceased lived, if institution 13b. COUNTY	tion: Residence before	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
Maryland	Anne /	rundel	Annapolis		215 Taylor A	venue	
4. FATHER'S NAME	Eirst Middle	Lost	IS. MOTHER	'S MAIDEN NAME First	Middle	0	Lost
WII	Frank	Smith		Bertl	na Ku	CINSK	10
16o. WAS DECEASED EVER Yes, na, ar unknawn)	IN U.S. ARMED FORCES? (If yes give war or dates of service)	16b. SOCIAL SECURITY	NO. 17. INFORMAN	T	Address		
ves	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	unknown	Hospit	al Records	Crownsville	State H	ospital
	TH (Enter anly ane cause per l	ine for (a), (b), and (c	).)			BETWEEN C	IMATE INTERVAL ONSET AND DEATH
PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE (o)	Schr	ch				10000
410	alls.	AS A CONSEQUENCE OF			7		
Conditions, if ony,	which gove) (b)	hunc	en olum	a unte	nelevin	15	
rise to immediate	(0026 (0))	AS A CONSEQUENCE OF					
last.	(c)	17.5	. U. ).	/			
PART 2. OTHER SIG	NIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT I	NOT RELATED TO THE TER	MINAL DISEASE ORCONDI	TION GIVEN IN PART 1(o)		
- april	o Mesky	lin	eistori'	William.			
190. DATE OF OPERA	ION 19b. CONDITION FOR W	HICH OPERATION WAS P	ERFORMED 20a.	AUTOPSY?	20b. IF YES, WERE FINDING	S CONSIDERED IN C	ERTIFYING
190. DATE OF OPERA			Y	S NO K	CAUSES OF DEATH?		
	UNDERLYING 216. TIME C	OF INJURY	21c. HOW INJUR		ure af injury in Part 1 or Port	2, Item 18.)	
OR CONTRIBUTING [ (If either, notify me							
(If either, notify me			ACTORY.) 21f. LOCATION	Street or R.F.D. No.	City or Town	County	Stote
While Nat while at work of work	· 🗆 📗	OFFICE BUILDING, ETC.	1				
220 Leartify t	not (1) (this hospital) at	tended the decens	ed from 2//	19 69	, ta2/10_,	19 69 that	t (I) (we) last
saw the d	eceased alive on 2/1	10	19.69 and that i	n (my) (our) apinion	death accurred on the	dote ond haur	and from the
couses sto	ted obove (I) (we) (did	(did not) view the	body after death.				
22b. SIGNATURE	1111	11	AT	ENDING MED.	STAFF C	2c. DATE SIGNED	
	sug any	zalls	DEGREE PH	rs. LJ DIRECT	OR PHYS.	2/11/69	
22d. PHYSICIAN'S	0	()		. ADDRESS			
NAME (Type)	Alberto Onza	lez, M.D.		rownsville	State Hospita	al, Mary	Land
23a. BURIAL, CREMATION	0 / /	23c. NAME OF	CEMETERY OR CREMATO	RY 230	LOCATION (City ar Tawn)	(Caunty)	(State)
3 REMOVAL (Specify)	2-13-69	DY. 57	ANISLAUS	8	DANTUNGE		MID.
24. FUNERAL DIRECTOR	101	ADDRES	51-2011	2So. REC'D BY RE		R'S SIGNATURE	0.0.
20/m 11/1 N	in That Hous (	muso	Us. IVIa.	DATE B 1 4	1969 Million	The state of	

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MARYLAND STATE DEPARTMENT OF HEALTH

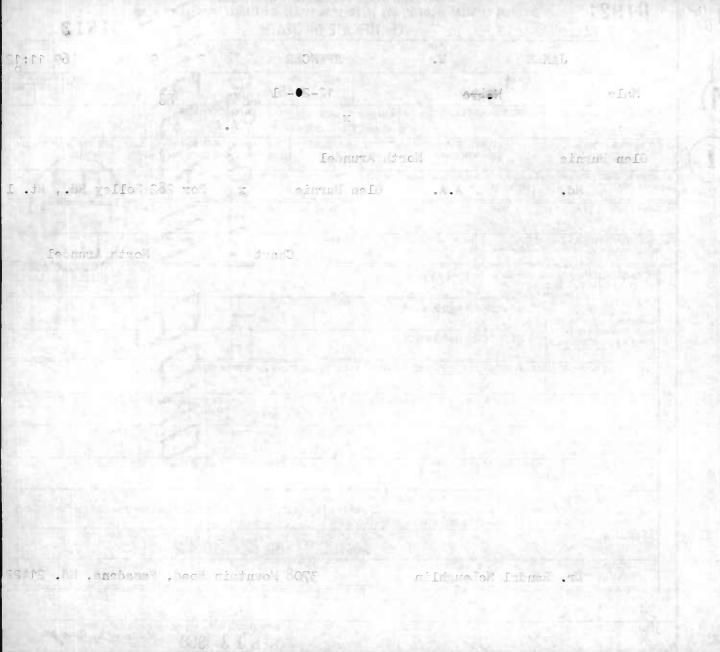
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COCKET . STATE OF THE STATE OF

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01913 CERTIFICATE OF DEATH Items5&7 FilmG109 2/26/69 kk 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR the death certificate be executed within 24 haurs after death. and 2 Month Q (Type or print) JAMES W. SPENCER 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) DAYS 12-20-81 Male Negro 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country)
Maryland A.A WIDOWED | DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street address) North Arundel during most of working life, even if retired.) INDUSTRY Glen Burnie 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Box 282 Solley Rd., Rt. 1 Glen Burnie ES Md. NO S A.A. remave any 14. FATHER'S NAME MOTHER'S MAIDEN NAME First Middle Middle Last 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war or dates of service) Yes, na, ar unknawn) North Arundel Chart 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) signed by the burial-transit | requires that rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) has been the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark TENDING 22a. I certify that (1) (this hospital) extended the deceased from Sept. saw the deceased alive an Jan. 20 \_1962, and that in (my) (evr) apinian death accurred on the date and have and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SJGNED **ATTENDING** MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS 3708 Mountain Road, Pasadena, Md. 21122 NAME (Type) Dr. Randal McLaughlin director, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (State) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** VR A15 2Sa. REC'D BY REGISTRAR Williamles DATEFFE SOM REV.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01922 CERTIFICATE OF DEATH 01915 Lost 20. DATE OF DEATH DECEASED-NAME First Middle 2b. HOUR requires that the death certificate be executed within 24 haurs after death. Month 17 Doy 69 Year (Type or print) Nettee Style L. 3 SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In veors 7/1/83 lost birthdov) Caucasian Female and completely filled in by remaye carban papers. P 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) U.S.A. WIDOWED DIVORCED Pennsy. Pasadena / Anne Arundel 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) INDUSTRY Home event. 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY odmission) STATE Beachx #215 Wanda Road Riviera Maryland 14 FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Lost Cook andin Edward Catherine Campbell physician g 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Same As Yes, no, or unknown) signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, Mrs. Grace A. Cook (sister-in-law) unknown APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Atherosclerofic C-V DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse by the haspital ar attending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) far use as the l Health priar tak has been OR ATTENDING PHYSICIAN: The law 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO 🗆 TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year State Dept. af (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County Stote City or Town While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 7, 1965, ta 2/11, 1969, that (I) (we) last saw the deceased alive an 1968, and that in (my) (we) apinian death accurred an the date and haur and from the director, page 3 shauld shauld be filed with the be retained causes stated abave, (I) (\*\*\*) (did nat) view the bady after death. 22b. SIGNATURE **ATTENDING** MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Dr. C. Earl Hill, M. D. 395 Ft. Smallwood Rd., Pasadena, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE (County)

Loudon Park Cemeterv

2So. REC'D BY REGISTRAR

DATEFR

Singleton Funeral Home Glen Burnie, Maryland

Baltimore. Maryland

2Sb. REGISTRAR'S SIGNATURE

Willander Under

1969

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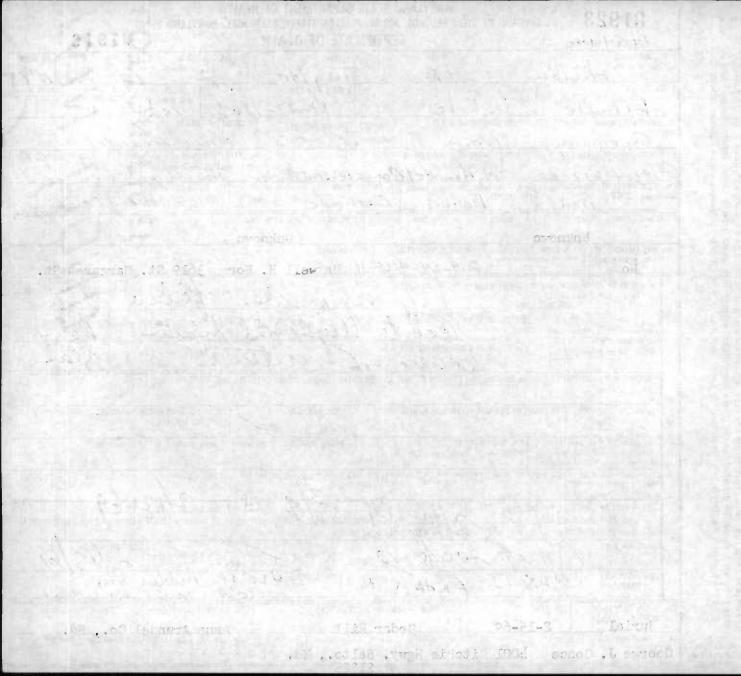
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24. FUMERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01916 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR and completely filled in by the funeral remave corban papers. Pages 1 and 2 in now event, within 72 hours after death. rafter death (Type or print) Month ulda au remave corban papers. Pages 1 any event, within 72 hours after ( 4. RACE 6. AGE (In years 3. SEX DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS DAYS last birthday) MONTHS 11-27-86 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED T NEVER MARRIED cauntry) U.S.A. WIDOWED DIVORCED [ Anne Arundel nermany NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during mast of warking life, even if retired.)

Tenter Housewife. give, street address) be executed within Colen Burnie on valescent vundel and in any event, 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Baltimere NO T 7916 East End Dr. Orchard 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Unknown Unknown please **Gest**ificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) remaval, 219-54-4268-11 3679 St. Margaret St. Marriell Then Horz 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) a **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the deg Page 4 may be retained by the haspital ar attending physician. crematian, DUE TO, OR AS A CONSEQUENCE Canditians, if any, which gave burial-transit rise ta immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(4) attending TO FUNERAL DIRECTOR: After this certificate has been as the priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO F USe Health 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. af (If either, natify medical examiner) be detached ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street gr R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 19 6 and that in (my) (aur) apinian death occurred on the date and hour and from the saw the deceased alive an\_ shauld causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR directar, page 3 DEGREE ed PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 2-15-69 Cedar Hill Anne Arundel Co-2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 4001 Ritchie Hgwy. Balto. Mdw. George J. Gonce



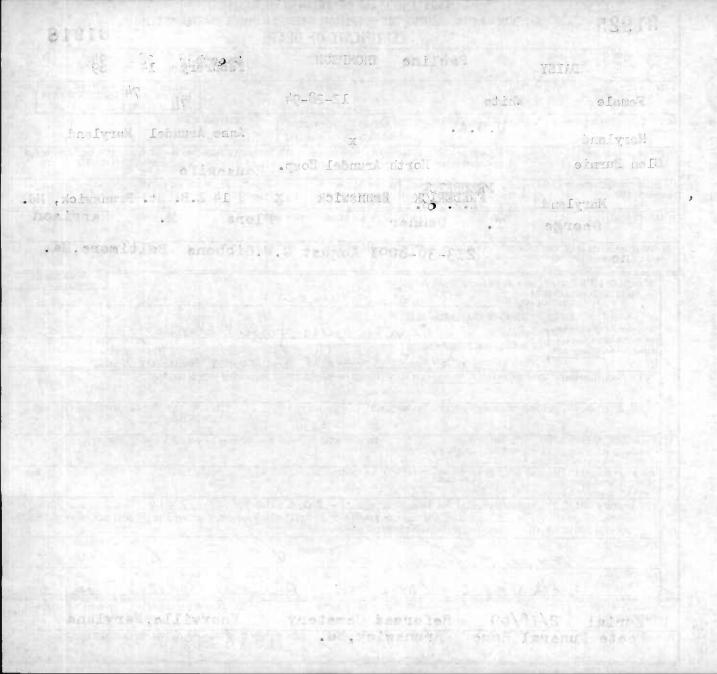
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01924 CERTIFICATE OF DEATH 01917 1. DECEASED-NAME 2o. DATE OF DEATH 2b. HOUR 24 hours after death. (Type or print) S. DATE OF BIRTH 3. SEXT IE UNDER 24 HRS MONTHS DAYS HOURS within 72 hours 9 COUNTY OF BEATH 7a. BIRTHPLACE (State approreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED filled in I papers. WIDOWED DIVORCED 10. STY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION If not in hospital 120. USUAL OLCUPATION Kind of work done 12b. KIND OF BUSINESS OR executed within INDUSTRY during most of working life, even it retired attending physician and compressive carbon sermit. Then please remove carbon and in any event, 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last requires that the death certificate be 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. INFORMANT Address cremation, or removal, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o) Conditions, if any, which gove signed by the burial-transit p rise ta immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause lost. burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the hospital or attending has been of Health prior to for use as the 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO 🗔 YES 🖂 this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical exominer) State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Caunty Stote While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased frame 19 saw the deceased glive an 2-1769 and that in (my) (aur) apinian death occurred an the date and hour and from the director, page 3 should should be filed with the causes stated above, (I) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS 22d. PHYSICIAN' 22e. ADDRESS NAME (Type) 23b. DATE 23o. BURIAL, CREMATION, 23d LOKATION (City or Town) (County) 2So. REC'D BY REGISTRAR 2Sb. 30M REV

TERIL 

01925 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01918 CERTIFICATE OF DEATH First Feburary . DECEASED-NAME Pauline 2b. HOUR THOMPSON within 24 haurs after death. 69 ear (Type or print) DAISY 14 Day 5.03PM 6. AGE (In years 74 3. SEX 4. RACE S. DATE OF\_BIRTH IF UNDER 1 YEAR 12-28-94 last birthday) Female White the attending physician and completely filled in by sit permit. Then please remave carban papers. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (country) Maryland Anne Arundel ve carban papers. event, within 72 h Maryland WIDOWED -DIVORCED | 10. CITY OR TOWN OF DEATH
Glen Burnie 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) North Arundel Hossuring most of working life even if retired.) INDUSTRY 13c. CITY OR TOWN 130. USUAL RESIDENCE (Where deceased lived, if in 177) lived, if in TREDERICK 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? BRUNSWICK 14 E.B. St. Brunswick. Md. YES 🗶 and in any Harrison IS, MOTHER'S MAIDEN NAME TIME M Middle 14. FATHER'S NAME Danher George PHYSICIAN: The law requires that the death certificate be 213-30-6091" August C.W. Gibbons Bultimore, Md. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or moown) remaval APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: D IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) signed by the burial-transit p rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couses PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a) attending priar to l as the this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO 🗍 use be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Manth Day Year be detached Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work TENDING O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased fram 1-20-, 1965, to 7-14, 1967, that (I) (we) last 2-14 19 69, and that in (my) (aur) apinion death accurred on the date and hour and from the shauld 22b, SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Bleu Boursil NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) 2/18/69 Refermed Cemetery Knexville, Maryland Brownswick, Md. Home 250. RECORY REGISTRAR 96925b. REGISTRAR'S, SIGNAJURE 24. FUNERADERETER Funeral VR A19 30M REV.

DATE

MARYLAND STATE DEPARTMENT OF HEALTH



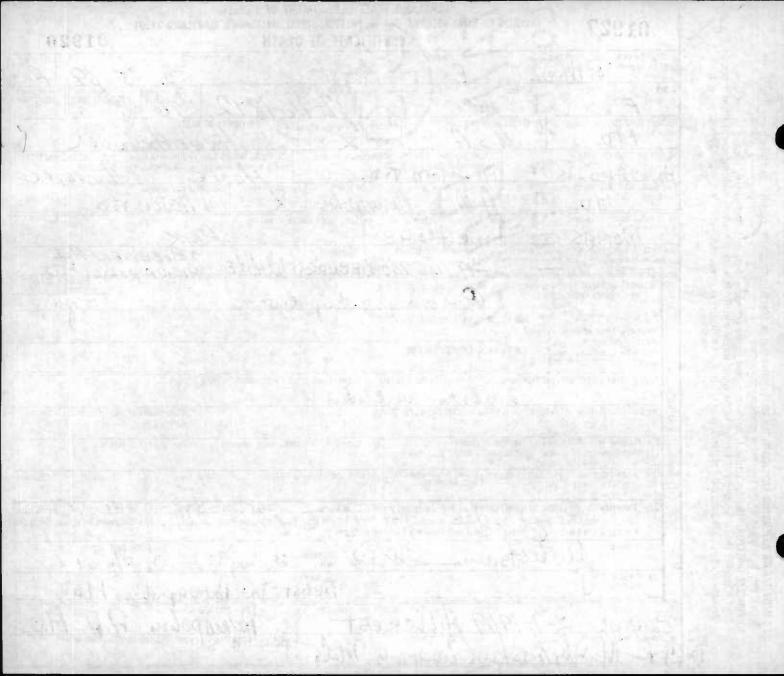
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01919 CERTIFICATE OF DEATH DECEASED-NAME First Last 2a. DATE OF DEATH death. 2b. HOUR suted within 24 hours after death ician that the function to by the funeral lease temave carbon papers. Pages 1 and and in any event, within 12 hours after death (Type or print) ELIZABETH Month Year 10N2-48 3 SEX DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS IF UNDER 1 YEAR last birth MONTHS HOURS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF BEATH 8. MARRIED NEVER MARRIED country) WIDOWED X DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) NO ETH A Reund & during most of working life, even if retired.) 10. CITY OR TOWN OF DEATH 2b. KIND OF BUSINESS OR INDUSTRY Center Domeslic 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES X 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Last law requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) burial, crematian, ar remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o) Canditions, if ony, which gove burial-transit rise to immediate cause (o), signed by O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES 🖂 NO | O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town County Stote While Not while of work 22a. I **certify** that (I) (this hospital) attended the deceased from Nov. 7, 1968, to 3., 1969, that (I) (we) lost sow the deceased olive on 3. 1969, and that in (my) (our) apinion death occurred on the date and haur and from the causes stoted obove, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE ATTENDING STAFF DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) B REMOVAL (Specify)
24. FUNERAL DIRECTOR NELAWN MEMOTIAL 25b. REGISTRAR'S SIGNATUR 43 N WEST ST

MARYLAND STATE DEPARTMENT OF HEALTH

8881 8 1968

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01927 CERTIFICATE OF DEATH 01920 1. DECEASED-NAME First Middle 20. DATE OF DEATH and completely filled in by the funeral lemove corbon popers. Pages 1 and 2 cours after death. 2b. HOUR executed within 24 hours after death. (Type or print) HODD buriol, cremation, or removol, and in any event, within 72 hours after 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost but **MDNTHS** HOURS YRS. 7o. BIRTHPLACE (State or foreign 9. COUNTY-OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED I DIVORCED [ IQ. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY, To MICHUIFE 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER admission) STATE A 13b. COUNT YES 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give war or dates of service) Yes, no. or unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line (o), (b), ond (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. 10 IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove signed by the buriol-tronsit p rise to immediate couse (a), Page 4 may be retained by the hospital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse has been signed lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) prior to l as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [ for use YES [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County While Not while at work of work 22a. I certify that (1) (this haspital) oftended the deceosed fram\_ run 26 saw the deceased alive on. couses stoted obave (1) (did) (did not) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED

director, page 3 should be detached far use should be filed with the Stote Dept. of Health TO FUNERAL DIRECTOR: After this certificate Stote \_, and that in (my)(our) opinion death accurred an the date and haur and fram the ATTENDING MED. DIRECTOR STAFF X PHYS PHYS. 120 ADDRESS 22d. PHYSICIAN'S NAME (Type) BURIAL CREMATION 23cl NAME OF CEMETERY OR CREMATORY



Howard County Funer APPRESHome

of Harry H. Witzke, Ellicott City, Md.

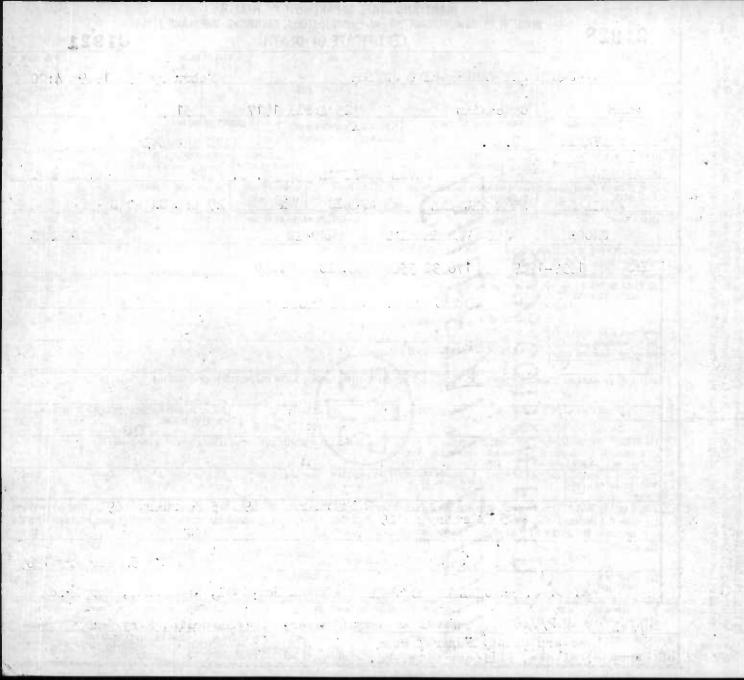
25b. REGISTRAR'S SIGNATURE

250. REC'D BY REGISTRAR

1969

VR A15 (1) 30M REV. 1) (8)

24. FUNERAL DIRECTOR



# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01922 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR (Type or print) Month Bertha. Pindel1 VanHorne February 2:05AM 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Female. Caucasian August 5, 1889 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED X DIVORCED [ Anne Arundel 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR knollwood Nursing Home during most of warking life, even if retired.) **INDUSTRY** Millersville 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY NO BES DNND POLIS 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle REEN 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no. or unknown) (If yes give war or dates of service) Allen S. VANHORNE ANNAPOLIS. Md 219-54-3449T 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: Pneumonia - -2 days IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave Heart failure many years rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Arteriosclerosis many years PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Atrial fibrillation, Obesity, Senility, Osteoarthritis, Gout, Migraine 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO JCC 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark at wark 22a. I certify that (I) (1933-1933) aftended the deceased from February 8, 1969, to Feb 17, 1969, that (I) (1933) as the deceased alive an Feb 16, 1969, and that in (my) (1933) opinion death occurred on the date and hour and from the causes stated abave, (1) toxed attached in at) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING Feb 17, 1969 DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Charles W. Kinzer, M. D. 16 Murray Wvenue, Annapolis,

O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld shauld be filed with the

executed within 24 haurs after

ate be

PHYSICIAN: The law requires that the death certif

Page 4 may be retained by the haspital ar attending physician.

ending physk<u>ian arđ</u> campletely filled in by the f nit. Then please remave carban papers. Pages ar remaval, and in any event, within 72 haurs afte

permit.

burial-transit

d far use as the af Health priar ta

State Dept.

signed by

burial, crematian,

23a. BURIAL, CREMATION,

REMOVAL (Spotify)

23c. NAME OF CEMETERY OR CREMATORY

CREST

2Sa. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

PINNAPOLIS

2Sb. REGISTRAR'S SIGNATURE Menula, Jugas

(County)

(Stote)

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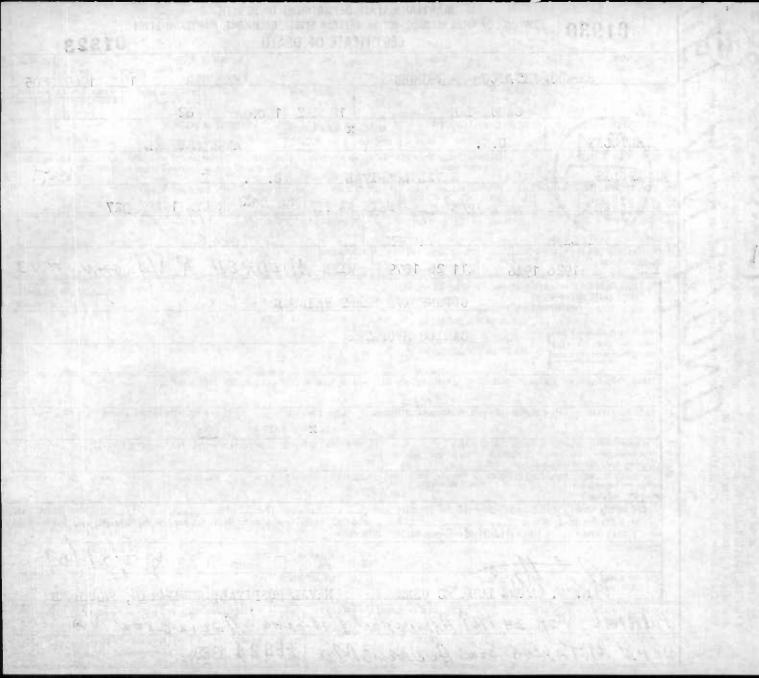
01930

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	U.COUU		CI	ERTIFICA	TE OF	DEATH			1923	
	ECEASED-NAME First Type or print) SAMUET.	LITHICUM	Middle VAIIGHN		Last		DATE OF DEATH Mon			2b. HOUR
3. S	EX	4. RACE	744001111		. DATE OF BIF		6. AGE (	In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
N	MALE	CAUCASI	AN		18 MAY	1906	last bii	rthday) YRS.	MONTHS DAYS	HOURS MIN
		b. CITIZEN OF WHAT (		MARRIED X	NEVER MARE	9. CO	UNTY OF DEATH			
LOU	MENTUCKY	U.S.		WIDOWED	DIVOR		NNE ARUN	DE L		N
10.	CITY OR TOWN OF DEATH	11. NAME (	OF HOSPITAL OR INSTI	TUTION (If nat	in haspital	12a. USUAL OCC	UPATION (Kind of	wark dane	12b. KIND OF	BUSINESS OR
A	INNAPOLIS	give street	NAVAL HO	SPITAL		U. S.	warking life, even	it retired.)	INDUSTRY	et.
13a.	USUAL RESIDENCE (Where deceased	lived, if institution:	Residence before	3c. CITY OR TO	OWN 1	3d INSIDE CITY LIMITS?	13e. STREET AND			
		13b. COUNTY ANNE ARI	UNDET	SEVERN	A PK	YES NO X	ROUTE 1	BOX 3	27	
14.	FATHER'S NAME First	Middle	Last	15. /	MOTHER'S MA	DEN NAME First	(1. )/	Middle		Last
	WILLIAM		VAUGH	N	919		UNK			
160	. WAS DECEASED EVER IN U.S. ARMED	) FORCES? 16b or dates of service)	SOCIAL SECURITY NO		ORMANT	11 . 20	on D	Address	dest.	14 0-
	YES no ar unknawn) (If yes give war of 1926	1946 2	11 28 107	9 W	IFE /	114016	EU M.	144	GHN	# 13
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I								BETWEEN O	MATE INTERVAL NSET AND DEATH
	IMMEDIATE	CAUSE (a)		E HEAR	T FAIL	URE				
	425 X	DUE TO, OR AS A								
	Canditians, if any, which gave arise to immediate cause (a),	(b)	CARIDO MY	OPATHY						1-1-7
	stating the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF							
	last.	(c)								
	PART 2. OTHER SIGNIFICANT CONDI	HONS CONTRIBUTING	TO DEATH BUT NOT	KELAIED TO T	HE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART	1(a)		
TION	19a, DATE OF OPERATION 19b, CO	NDITION FOR WHICH C	DEPATION WAS PERF	DRMED	20a. AUTOF	CV2	20b. IF YES, WER	E EINDINGS CO	MISIDEDED IN CE	DTIEVUIC
CERTIFICATION					YES 🔀	NO 🗌	CAUSES OF DEATH	1?		KIIFTING
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		URY anth Day Year	21c. HOW	INJURY OCCU	IRRED (Enter natu	re af injury in Part	1 ar Part 2, I	tem 18.)	
MEDICAL	(If either, natify medical examiner	) P.M.	19					100		
M	21d. INJURY OCCURRED 21e. PL While Nat while at wark								County	State
	22a. I certify that (I) (this	haspital) attende	ed the deceased	fram			, ta	, 19_	, that	(I) (we) la:
	saw the deceased aliv causes stated above, (	e an		, and t	that in (my	) (aur) apinian	death accurred	an the dat	te and haur o	and fram th
	22b. SIGNATURE	(i) (we) (ala) (ala	nar) view ine bo	dy difer de	uin.				DATE SIGNED	,
	04	11		DEGREE	ATTENDING PHYS.	MED.	OR STAFF	X 2	12/1	59
	22d. PHYSICIAN'S	Hono			22e. ADDR		/K - PH13.	4/		-
	NAME (Type) - R. S.	STONE LCDE	MC USNR				AL, ANNAI	POLIS	MARYT.AT	ND
23a.	BURIAL CREMATION. 23b. DA		23c. NAME OF CE				LOCATION (City or		(County)/	(State)
L	BELINA 1899 IL FELD	24/969	ARZING		DAT.		FRLIN		IVA	
24.	FUNERAL DIRECTOR		ADDRESS				ISTRAR 2Sb.	REGISTRAR'S		
V	OHN M. TAY	-OK SON	3 ANNA!	BLIS/	10	FEB 2 4	1969	Cherry	my yearing	4

executed within 24 hours ofter death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deat TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital ar attending physician.



Foreral and 2 er death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH

01021	DIAI2ION OF				URE, MARYLAND 21	201		
01931			ERTIFICATE OF			019	24	
1. DECEASED-NAME First (Type or print)		Middle	Last		2a. DATE OF DEATH Month	Day	Year	2b. HOUR
Mic	hael W	LOCZEWSKI	(Machowsk	i	2	o <sup>D</sup> gyo	Year 69	11:45
3. SEX	4. RACE		S. DATE OF	BIRTH 18	6. AGE White	S IF UNI	DER I YEAR	IF UNDER 24 HRS. HOURS MIN
Male	Whi	te	ur	known /	905	MUNIT	DAIS	HOURS MIN
7a. BIRTHPLACE (State or foreign country), BALTO MO	7b. CITIZEN OF W		B. MARRIED NEVER MA		COUNTY OF DEATH			
country) BALTO MD	US				nne Arundel			М
O. CITY OR TOWN OF DEATH		AME OF HOSPITAL OR INSTI	TUTION (If nat in haspital	12a. USUAL C	CCUPATION (Kind of wor	k dane 121	. KIND OF I	BUSINESS OR
Crownsville	give	street oddress) Crownsville		during most	of working life, even if re	etired.) IN	DUSTRY	
3a. USUAL RESIDENCE (Where decease				13d. INSIDE CITY LIMITS				
dmission) STATE	/3b. COUNTY	and the same of the		YES NO	1			
Maryland  4. FATHER'S NAME First	V Balt Middle	Lost	Baltimore	MAIDEN NAME First	1605 Alic	e Ann Ax	renue	Last
						MORA	WCK	
Jose 16a, WAS DECEASED EVER IN U.S. ARM		Wachov		ary		dress	. 37	-
	or dates of service)	220-54-912		al Pagare	ls, Crownsvi		227712	nd
no '	_	220-34-912	20 HOSPIL	ar Record	is, crownsvi	.110, 11		VATE INTERVAL
18. CAUSE OF DEATH (Enter only	DV	7	0		1			ISET AND DEATH
PART 1. DEATH WAS CAUSED IMMEDIA	TE CAUSE (o)	myores	adi um	10/0	nolive			
4109		AS A CONSEQUENCE OF		//				
Canditians, if ony, which gove)	(b)	F1-S.	U.D.	U		- 1 3		
rise to immediate cause (a), stating the underlying cause	DUE TO, OR	AS A CONSEQUENCE OF						
lost.	(a)	-1/4-2-3-1-1-2						
PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIB	JANG TO DEATH BUT NOT	RELATED TO THE JERMIN	AL DISFASE OR CON	DITION GIVEN IN PART 1(o	)		
186-011	200 /	ont Pola	mities					
190. DATE OF OPERATION 19b. (	ONDITION FOR W	HICH ODED ATION WAS DEDE			20b. IF YES, WERE FII	NDINGS CONSIDI	EPED IN CE	DTIEVING
190. DATE OF OPERATION 19b. C	SHOTHOLD OK II	IIICII OFERATION TRASFERI	YES T		CAUSES OF DEATH?	IDINOS CONSIDI	INLD IN CL	KIII IIIIO
210. ACCIDENT WAS UNDERLYING	C ION THE C	AC IMMIDW				0.40.1. 1	A \	
			ZIC. HOW INJURY O	CCURRED (Enter no	oture of injury in Port 1 or	Part 2, Item 1	8.)	
[If either, notify medical examin	er) P.M.	19				100	1000	
- 1 ZIG. MUJUKI OCCURRED   ZIE.	PLACE OF INJURY	AT HOME, FARM, STREET, EACTO	(PRY.) 21f. LOCATION Str	eet or R.F.D. No.	City ar Tawn	Car	ınty	State
While Not while at work							100	
22o. I certify that (I) (thi	s hospitol) of	ended the deceased	from 2/6	, 19_69	_, ta <u>2/10</u>	, 1969	_, thot	(I) (we) las
saw the deceosed al	ive on	/10 19	69_, ond that in (	ny) (our) opinio	in death occurred on	the date or	nd hour o	and fram th
causes stated abave	(We) (ala	(ala not) view the bo	day after death.			T 00 D177		
22b. SIGNATURE	4 6	Julla.	ATTENE	ING MED.	CTOR D STAFF	22c. DATE S		.1.6
		forey	DEGREE PHYS.		CTOR L PHYS.	4 2	-10-	67
22d. PHYSICIAN'S NAME(Type) Albert	o Gonza	lez, M.D.	22e. Al	wnsville	State Hosp	ital, M	fary1	and
23a. BURIAL, CREMATION, 23b. C		23c. NAME OF CE	METERY OR CREMATORY	] 2	3d. LOCATION (City or Tox	vn) (Ca	unty)	(State)
BEINDY AIR (Splenify)		GIG CABBEA	KS OF FAITI	11 /Eur	TRUMPS 1			PALTO HI
001111111111111111111111111111111111111	0 /2/	107 (21/1/10/	M OI PAIN	1 65.17	11201213	7/4/	CU In	CANAL TEN
24. FUNERAL DIRECTOR THE DIPPEC BI	1,000	ADDRESS		2Sq. REC'D BY R		SISTRAR'S SIGNA		SAHOTA

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the todirector, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages should be filed with the State Dept. at Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after

VR A15 433

MARYLAND STATE DEPARTMENT OF HEALTH 01932 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01995 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type ar print) (Walas) Wallace 12:34 George February IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH **UNDER 1 YEAR** executed within 24 hours after 6. AGE (In years last-hirthday) campletely filled in by the 1858 March 27, White Male remave carbon papers. Pag many event, within 72 haurs 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED 🗌 country) WIDOWED [ DIVORCED [ Anne Arundel Baltimore . Md. U.S. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Retired give street address)
North Arundel Glen Burnie 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY
Millersville NO 3 YES 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Rosalie requires that the death certificate-be (unknown) Adam lija las 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address YES UP, OTUNK TOWN & ("YES 9" 215-01-1268 Mrs. Anna Z. Wallace-Millersville.Md ar removal signed by the attending phy burial-transit permit. Then 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN DISET AND GEATH PART I. DEATH WAS CAUSED BY burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove ) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the t edun TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO [ YES [ 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) directar, page 3 shauld be detached should be filed with the State Dept. at 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this has pital) attended the deceased fram—saw the deceased alive on—19—, ar and that in (my) (our) opinian death occurred on the date and have and from the saw the deceased alive on\_ couses stated above, (1) (we) (did) (did nat) view the body after deoth. 22b. SIGNATUR 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS. 22d. PHYSICIAN 22e. ADDRESS NAME (1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE (State) (County)

St. Stanislaus Cemetery

Dundalk, Maryland

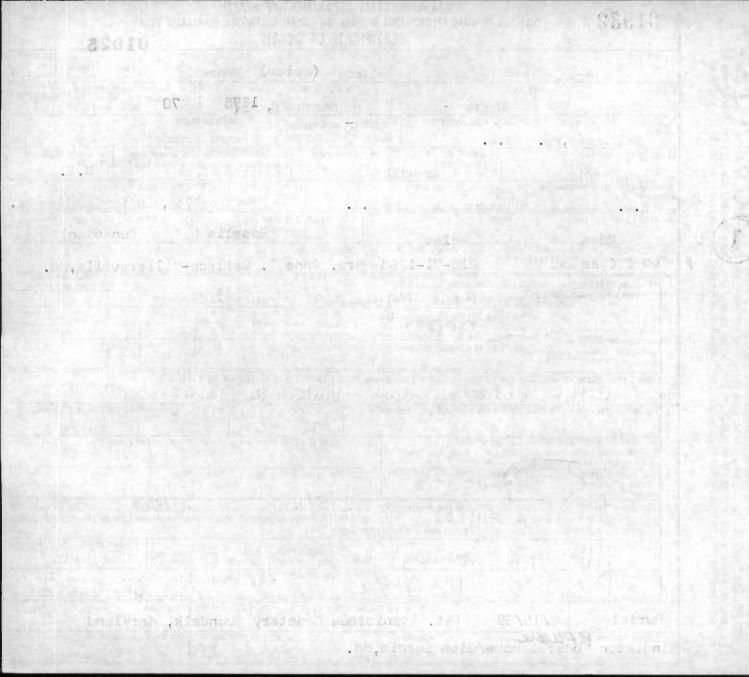
2Sa.\_REC'D\_BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

BREMOVAL STecify)

2/15/69

24 FUNERAL DIRECTOR RPWave ADDRESS Singleton Funeral Home/Glen Burnie, Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01927 CERTIFICATE OF DEATH Item1 Film 0109 2/18/69 kk First DECEASED-NAME Middle Lost 2o. DATE OF DEATH 2b. HOUR isician and (campletely filled in by the funeral please remove carbon papers. Pages 1 and 2 I, and in any event, within 72 hours after death within 24 hours after death (Type or print) Feb Month Minnie Webester S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE 6. AGE (In years last birthday) HOURS reb 28.1884 Female White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Md TISA AAA CO WIDOWED X DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of wark done 12b. KIND OF BUSINESS OR give street oddress) an ada Rd during most of working life, even if retired.) INDUSTRY Pasadena 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? requires that the death certificate be executed odmission) STATE MA 13b. COUNTY AA CO 16 Granada Rd YES 🗔 NO TO or remaval, and in any Middle 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Lost physician and Mary Ellen Ford Robert Shipley Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) Yes, neuror unknown) Edward Webster Same APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE Canditions, if any, which gove) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been 19a. DATE DF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO [ far use 21a. ACCIDENT WAS UNDERLYING 21b. TIME DF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED.
DIRECTOR DEGREE directar, page shauld be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 118 Mountain 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (State) Burial (Specify) 2/8/69 New Cathedral Cem Balto . Md **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Millone TAFEB

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01934 CERTIFICATE OF DEATH Lost DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR death. within 24 haurs after death. and completely filled in by the funeral remave Larban papers. Rages 1 and (Type or print) Month Whayland W. Charles : 1 AM 1969 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINGER 24 HRS. lost birthdoy) HOURS 9-30-03 White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) DELC WIDOWED T DIVORCED [ United States Anne Amundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) **INDUSTRY** Glen Burnie North Arundel Hospita Education 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER TENDING PHYSICIAN: The law requires that the death certificate be executed 13b. COUNTY YES 😽 NO 15 Murray Avenue Annapolis Amindel Maryland 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle please signed by the attending physician burial-transit permit. Then please and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address #13 (If yes give war or dates of service) Yes, no, grunknown) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been the Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? SD CAUSES OF DEATH? YES NO this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M detached 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while ot work 22a. I certify that (I) (this hospital) attended the deceased from 2-12., 1965, to 2-24, 1965, that (I) (we) last saw the deceased alive on 2-34, 1967, and that in (my) (our) opinion death occurred on the date and hour and from the TO FUNERAL DIRECTOR: After couses stated obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Hospital Drive NAME (Type) T. O'Herlihy ilary directar, shauld b 235-NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE (Stote) (County) REMOVAL (Specify) FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE was yelly

MARYLAND STATE DEPARTMENT OF HEALTH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH

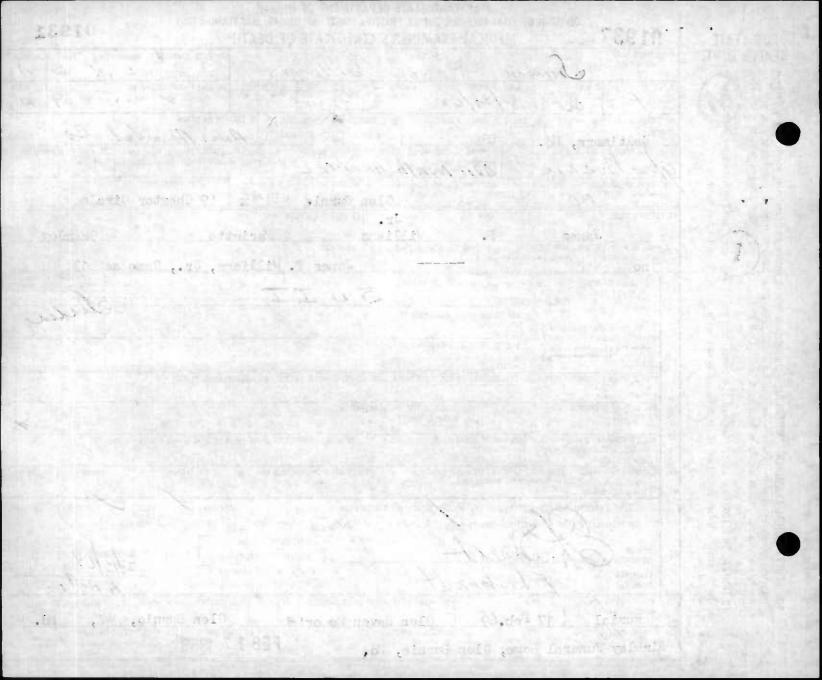
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01929

		17.2 0 0 0			ERTIFICATE OF	DEATH		4.	0.40
		CEASED-NAME ype ar print)	First BYRON	Middle C	Last WHITE		DATE OF DEATH Month	Doy 10 Yeo	69 9:00 N
	3. SE.	Male	4. RAC	Negro	S. DATE OF BI	RTH L8-69	6. AGE (In ye last birthda	ears IF UNDER 1 YI (y) MONTHS D 2	DAYS HOURS MIN.
	caun	Aveille	Batts	114		RCED A.	NTY OF DEATH	~	Md
4		Glen Buri	nie		th Arundel		JPATION (Kind af wark vorking life, even if re		D OF BUSINESS OR RY
	13a. odmi:	USUAL RESIDENCE (WI ssion) STATE MC		if institution: Residence before COUNTY A.A.	13c. CITY OR TOWN  Glen Burni	13d. INSIDE CITY LIMITS?  PYES NO X	13e. STREET AND NUM 301. CI	MBER herry Lan	е
	14. F		irst Harry	Middle Last Whit	1 1	AIDEN NAME First	etu M	iddle	Last
		WAS DECEASED EVER es, no, ar unknown)	IN U.S. ARMED FORCE		O. 17. INFORMANT	Chart	Ad		Arundel
			H (Enter anly ane cou WAS CAUSED BY: IMMEDIATE CAUSE	use per line far (a), (b), and (c).)	Pneu	mor	y'a		PROXIMATE INTERVAL /EEN ONSET AND OEATH
		486 Canditians, if ony, w	DUE	TO, OR AS A CONSEQUENCE OF					1 845
		rise to immediate of stating the underly lost.		TO, OR AS A CONSEQUENCE OF					SUFFYE
		PART 2. OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE OR CONDITION	ON GIVEN IN PART 1(a)	)	
/	CERTIFICATION	190. DATE OF OPERATI	ON 19b. CONDITIO	N FOR WHICH OPERATION WAS PER	FORMED 200. AUTO		20b. IF YES, WERE FIN CAUSES OF DEATH?	NDINGS CONSIDERED	IN CERTIFYING
	DICAL CER	21o. ACCIDENT WAS  OR CONTRIBUTING  (If either, notify med	CAUSE OF GEATH HC	DUR A.M. Month Doy Yeor P.M. 19	2 - 25		e af injury in Part 1 ar	Port 2, Item 18.)	
	ME	21d. INJURY OCCURR While Not while ot wark at work	ED 21e. PLACE OF	INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION Street		City or Town	Caunty	Stote
		220. I certify the saw the de couses stat	at (I) (this haspi ceased alive on ed above, (I) (w	tal) attended the decease 2/10 19 e) (did) (did not) view the b	d from and that in (m body after deoth.	, 19, y) (our) opinian (	todeoth occurred on	, 19, to the date and h	hat (I) (we) los aur and from the
	7	22b. SIGNATURE	um M	1/ Reclai	DEGREE PHYS.	MED. DIRECTOR	R STAFF PHYS.	22c. DATE SIGNE	D
1	1	22d. PHYSICIAN'S NAME (Type)	6	in Hecker	22e. ADD 310	Crain Hi	ghway, S.W	, Glen Bu	rnie, Md
	230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 1-13-		Metery or crematory	Rel 23d.	LOCATION (City or Toy	(Caunty)	M (State)
K	24.	FLOVERAL DIRECTOR	elan en	ADDRESS		250 REC'D BY REGIS		GISTRAR'S SIGNATURE	

MARYLAND STATE DEPARTMENT OF HEALTH 01936 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01930 2b. HOUR A. DECEASED-NAME First Middle Last 2g. DATE OF DEATH and 2 deoth. 24 hours ofter death (Type or print) Chester Alden WICKSTROM February within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF JINOER 1 YEAR MONTHS Male White Sept. 28, 1907 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TA NEVER MARRIED (auntry) New York .⊑ U.S. WIDOWED [ DIVORCED [7] Anne Arundel completely filled 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY remove carbon Annapolis Gen. Hospital Anne Arundel nsurance Agent Insurance buriol, cremotion, or removal, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? ted Anne Arundel NO V Riva rvland 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First and Last Middle Last physician requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, na, ar unknown) (If yes give wor or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per lipe-(or (a), (b)) and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detoched for use as the should be filed with the Stote Dept. of Health prior to TO FUNERAL DIRECTOR: After this certificate has been ORONAR 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NOXIX be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item IB.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while at work at wark 220. I certify that (1) (this haspital) ottended the deceased fram 5 - ( saw the deceased alive on 1967, and that causes stated above (1) (we) (did not view the bady after death. 19 67, and that in (my) (aur) opinion deoth occurred on the dote and haur and from the 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR 22e. ADDRESS NAME (Type) Edward S. Beck. M.D. Franklin St., Annapolis, 23c. NAME, OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR

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# MADVIAND CTATE DEDADTMENT OF HEALTH

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DIVISION	OF	VITA	RECORD	S, 301	W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	21201
				CER	TIF	ICATE (	OF DEA	HTA		

01300	CERTIFICATE OF	DEATH		01932
1. DECEASED-NAME First (Type or print)	Middle Lost		ATE OF DEATH	2b. HOUR
MAKY IREN			FB Manth 25 Day	1969 100P
FEMALE CAUCAS	S. DATE OF	BIRTH VE 24, 188.	0. 1100 1111 10013	F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
o. BIRTHPLACE (State or fareign   7b. CITIZEN OF WHAT COL			ITY OF DEATH	
WASHINGTON, DC. U.S.	WIDOWED DIV	ORCED A	NNE ARUNDE	EL M
O. CITY OR TOWN OF DEATH  MILLERSVILLE  II. NAME OF give street or	HOSPITAL OR INSTITUTION (If not in haspitol ddress)  LWOOD MANOR NURSING sidence before 113c, CITY OR TOWN	12a. USUAL OCCUP	PATION (Kind af wark dane arking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
3a. USUAL RESIDENCE (Where deceased lived, if institution: Re				0
dmission) STATE MARYLAND 13b. COUNTY ANNE	- ARUNDEL HARWOOD	YES NO 🔀	BOX 168A CUMB	PERSTONE KD.
4. FATHER'S NAME First Middle		MAIDEN NAME First	Middle	Lost
John F. Hutcherson	OCIAL SECURITY NO. 117 INISODMANT	argaret Man	ion	
	OCIAL SECURITY NO. 79-20-8025 Box 18	8A Cumberst	Son Address one Rd., Harw	ood, Maryland
18. CAUSE OF DEATH (Enter only one couse per line for (	(o), (b), ond (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	-NANITION, PROG	RESSIVE		6 MONTHS
DUE TO, OR AS A CO	/			MANY
Conditions, if only, which gove rise to immediate cause (a),	KIDNEY INFECT	TUN, CHR	ONIC -	YEARS
stating the underlying cause DUE TO, OR AS A CO	INSEQUENCE OF			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERM!	NAL DISEASE OR CONDITIO	N GIVEN IN PART 1(o)	<u> </u>
SENILITY ADJERIASCIERASIS				
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPE		TOPSY?	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
and the second s	21c. HOW INJURY C		of injury in Port 1 ar Part 2, It	tem 18.)
G   OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Mon   (If either, notify medical examiner)   P.M.	th Doy Yeor			
21d. INJURY OCCURRED While Not while of work of work	AE, FARM, STREET, FACTORY, 21f. LOCATION Str BUILDING, ETC.	reet ar R.F.D. Na.	City ar Tawn	Caunty Stote
22a. I certify that (I) (this hospital) attended saw the deceased alive an 20 FE causes stated above, (I) (and (did to	the deceased from 10c7 1967, and that in (	my) <del>(out)</del> opinian d	a <b>25 FEB</b> , 19_eath accurred an the dat	e and haur and fram th
22b. SIGNATURE (1 Og MA)	DEGREE PHYS	DING MED. DIRECTOR	STAFF 22c. D.	ATE SIGNED RUARY 25,1969
22d. PHYSICIAN'S NAME (Type) CHARLES W. KIN	22e. A	DDRESS	AVE, ANNAPOL	
230. BURIAL, CREMATION, REMOVAL (Specify) 2/28/69	23c. NAME OF CEMETERY OR CREMATORY Arlington Nationa	23d. 1	LOCATION (City or Town) ington, Virgin	(Caunty) (State)
24 FUNERAL DIRECTOR Wilhelm Funeral 2308 Suitland Road S. E.		2Sa. REC'D BY REGIST	TRAR 2Sb. REGISTRAR'S S	SIGNATURE Judge

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3. SEX Femple 4. RACE White S. DATE OF BIRTH JUNE 23, 1900 6. AGE (In years lost brighthay) YRS. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	RUNDEL M  126. KIND OF BUSINESS OR INDUSTRY  IVE ROAD  Last  EAGLE
Ta. BIRTHPLACE (State ar foreign   Tb. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   WIDOWED   DIVORCED   PANCE   PAN	RUNDEL MIN B 126. KIND OF BUSINESS OR INDUSTRY  LOST EAGLE OLIS, M.L.
COUNTY   C	126. KIND OF BUSINESS OR INDUSTRY  EAGLE  OLIS, M.C.
STATE   Grand   Gran	EAGLE OLIS, Md.
admission) STATE M. 13b. COUNTY A.A., Co ANNAPOLIS YES NO Severy GRO  14. FATHER'S NAME First Middle CIBONS  16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give wor or dates of service)  18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULT IPLE SCIENCES!	EAGLE-
16a, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn)   (If yes give war or dates of service)   16b. SOCIAL SECURITY NO.   17. INFORMANT   GEORGE B. WOEIFELS. ANNAPOLITIES   18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)   PART I. DEATH WAS CAUSED BY:   18. CAUSE (a)   MULTIPLE   SCIEDOSIS	CAGRE-
Yes, na, ar unknown) (If yes give war or dates of service) 215-48-3010 George B. Woelfel St. Annapole 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) MULTIPHE S CLEROSIS	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULTIPHE 5 CHEROSIS	ADDDOOY MATE INTERVAL
Canditians, if any, which gave nise to immediate cause (a), stating the underlying cause last.  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	BETWEEN ONSET AND DEATH
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	THE WAR
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 121b. TIME OF INITIRY 121c. HOW INITIRY OCCURRED. (Enter nature of initial init	CONSIDERED IN CERTIFYING
G (If either, natify medical examiner)  HOUR A.M. Manth Day Year P.M. 19	?, Item 18.)
While of work	Caunty State
22a. I certify that (1) (this haspital) attended the deceased from 1953, to 355, 1953, to 355, 1953, and that in (my) (aur) apinion deoth occurred an the discusses stated above (1) (we) (did) (did not) view the body after death.  22b. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  22c. ADDRESS	c. DATE SIGNED Feb 69
230. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)  FEMOVAL Specify) Feb 3, 1969 ST PINNES CEMETERY  24. FUNERAL DIRECTOR 25c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)  ADDRESS 25c. REC DBY REGISTRAR CO 25b., REGISTRAR	(County) (State)

DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate Page 4 may be retained by the haspital or attending physician.

uted within 24 haurs after death

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01934

10	ON STRU			ERTIF	ICATE OF	DEATH					TO LIE
	DECEASED-NAME (Type ar print)	First	Middle		Last		2a. DATE OF		Davi	V	2b. HOUR
	(14be at billit)	Wilhemia			Wolf			Month 2	24	Ye& 9	4:40
3. 3	Female	4. RACE	White		S. DATE OF 8 1887			6. AGE (In year last birthday	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
car	BIRTHPLACE (Stote or fore untry) Germany	ign 7b. CITIZEN O	F WHAT COUNTRY? USA	8. MARRII WIDOWI	ED NEVER MAI	RRIED 🖟	9. COUNTY OF Anne	DEATH Arund	el		Md
10.	Crownsville		1. NAME OF HOSPITAL OR INS give street oddress) Crownsville	Sta	If not in haspital te Hospi	12a. USUA during mo	L OCCUPATION ost of working	(Kind of work life, even if ret	done tired.)	12b. KIND OF INDUSTRY	BUSINESS OR
13c	o. USUAL RESIDENCE (Where mission) STATE Maryland		stitutian: Residence before	13c. CITY		13d. INSIDE CITY LIA YES NO	MITS? 13e. STI	REET AND NUMI	BER	rd Stre	eet
14.	FATHER'S NAME First	Midd	le lost Wolf		IS. MOTHER'S M		rst auline	Mid	ddle	Bube	lost ck
16	o. WAS DECEASED EVER IN (H Yes, na, ar unknawn) (H	J.S. ARMED FORCES? yes give war or dates of service	o) 16b. SOCIAL SECURITY N unknown	0. 1.	7. INFORMANT Hospita	al Reco	rds, Cr		lress 11e S		ospital
	18. CAUSE OF DEATH (I	inter anly ane cause p CAUSED BY: IMMEDIATE CAUSE (a)	er line far (e), (b), and (c).)	ue	for	·lerre					MATE INTERVAL DNSET AND DEATH
	Canditions, if ony, which rise to immediate caustoting the underlying last.	DUE TO, (b).	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF	of in	any	nary	fibr	0515			
z	I II s	ANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED	TO THE TERMINA	AL DISEASE ORCO	ONDITION GIVE	N IN PART 1(a)			
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	R WHICH OPERATION WAS PER	FORMED	20a. AUTO			YES, WERE FINI OF DEATH?	DINGS CO	ONSIDERED IN CE	ERTIFYING
MEDICAL CER		examiner) HOUR A	AE OF INJURY A.M. Month Doy Yeor P.M. 19	100	HOW INJURY OC			y in Part 1 or	Port 2, It	em 18.)	
W	While Not while at wark	21e. PLACE OF INJU	JRY ( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.					ar Town	N. I	County	Stote
	saw the deced	sed alive an	attended the decease 2/24 14 14 14 14 14 14	9690	and that in (m	, 19.69 ny) (aur) apir	), ta nian death c	2/24 occurred on t	_, 19_6 the dat	e and haur	(I) (we) last and fram the
	22b. SIGNATURE	elf au	zailez	DE	EGREE PHYS.	LJ DI	ED.	STAFF PHYS.		ATE SIGNED 2/24/69	
	22d. PHYSICIAN'S NAME (Type)	7	alez, M.D.		Crov	oress wnsvill	e State	e Hospi	tal,	, Maryl	and
	a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 3/7	1/69 23c. NAME OF C		OR CREMATORY		Bi	N (City or Town	/	(County)	(Stote)
24	FUNERAL DIRECTOR	WELLY	ADDRESS	300	MACE	2So. REC'D BY	registrar 6 1961	2Sb. REGI	STRAR'S S	SIGNATURE	и.

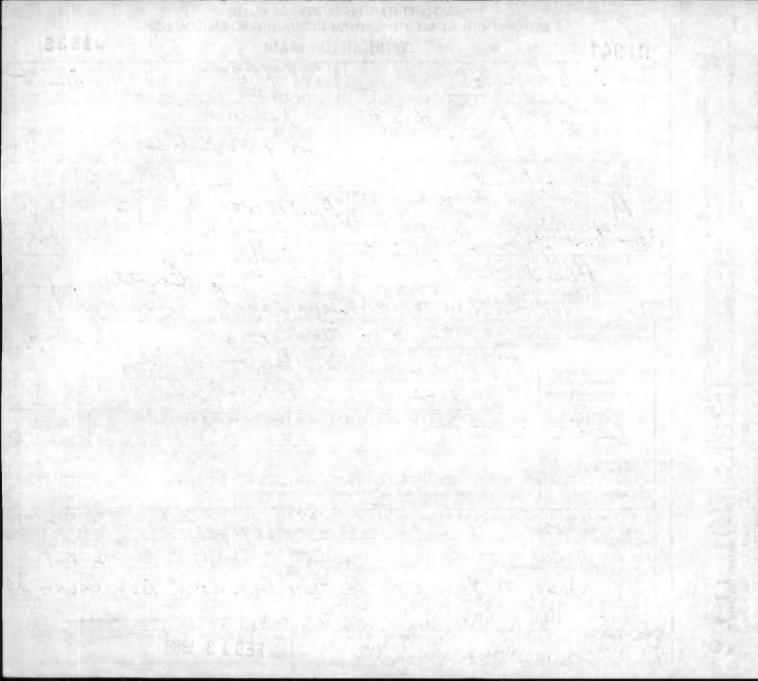
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages Fand should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours after death

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. 2 .			01941 CERTIFICATE OF DEATH	01935
within 24 haurs after death. ely filled in by the funeral bon papers. Pages and 2 within 72 hours after death.			o. COUNTY Alne thunsel MARYLAND a. STATE No	re deceased lived, if institution: Resilence before admission b. COUNTY Auro Arrus a
haurs after on by the fun s. Pages I hours after			write RURAL and alve negrest town	de corporote limits, write RURAL ond give neorest town)
nin 24 har filled in the papers.	50		d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address)  d. STREET ADDRESS,  435	- Rote 2 e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
ecuted within completely find ove corbon y event, with	12		NAME OF DECEASED (Type or print)  Albert Middle Zalvad	A DATE Month Spay Year OF DEATH FEB 8 1969
	/		SEX M 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. PATE OF BINTH 8 18	9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Meaths   Days   Haurs   Min.
a 0 -		10g dyr	HISUAL OCCURATION (Give king of work dane his produce 10b KIND OF BUSINESS OR II. BIRTHPLAY (County & 1) INDISTRY CORRECTION Chicago	itate, ar fargion (Antry)  12. CITIZEN OF WHAT COUNTRY?
th certifica ling physic Then plk removal, o		13.	FATHER'S NAME Albert Zalud 14. MOTHER'S MAIDEN NA	A1
deal then rmit, or		15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 218 28 9421 A M Ma Zalu  Mas Deceased Ever in U.S. ARMED FORCES? 218 28 9421 A M Ma Zalu	Lessup, Md.
C 100.			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAC BETWEEN ONSET THE DEATH
physician. physician. signed by the burial-tronsit			Conditions, if only, which gove ) DUE TO Antonosclorite Consis	overel Vising
on of			stoting the underlying couse   DUE TO generalized arterior	clersis
AN: The law all or attendiicate has beeing use os the Health prior	X	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND	TION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO
		L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING \( \) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pa OR CONTRIBUTING \( \) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	rt I or Port II of item 18.)
the h this this detac		MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. 19 20d. INJURY OCCURRED While Nat While at wark at work 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)	20f. (City ar tawn) (Caunty) (State)
ATTENDING stained by CTOR: After should be ith the Stat			21. I certify that (I) (this haspital) attended the deceased from 1988, 19 saw the deceased alive an 2-8 1989, and that death accurred at 9	30 M, from causes and an the date stated abave.
× = = = ×				ED. STAFF 22b. DATE SIGNED 2-8-69
	1		22c. PHYSICIAN'S NAME (Type) JOSE M. YOSUICO 22d. ADDRESS 704 GOI	AMAN AVE, LAUREL MD
Page 4 may O FUNERAL director, po		230	BURIAL (REMATION, 23H) DATE THEREOF 23C. NAME OF CEMETERY OR CREMATORY AND THE STATE OF CHARLES WITH THE STATE OF CHARLES	And LOCATION (City or Jown) (County) (State)
VR A15 (4) 25M 1/67	mp	1	ADDRESS ADDRESS DATE FE	Y REGISTRAR 1989 REGISTRAR'S SIGNATUR



0

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01936

01942

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY  ANN. F. ARUNIDEL: MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  MRAYLAND b. COUNTY  A.  A.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
CARVEL BEACH 10 YEARS	CARUEL BEACH
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE
440 CARVEL BEACH KORD	440 CARVEL BEACH KD. VES NO MA FARM?
3. NAME OF DECEASED (Type or print) WILLIAM FRANKLIN	ZIMMERMIAN DATE Month Day Year DEATH FEB. 2 1969
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO DIVORCED DIVORCED	8. DATE OF BIRTH  ARRIC 9, 1986  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  PLUMBER  PLUMBINGS	DSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  MARYLAND USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES FRANKLIN LIMMERMAN EMMA E. NECKESSER	
	INFORMANT Address
NO 218-48-1807 G	RACE E ANDERSON - SAME
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PRESIDE CLE	ROTIC CARRIOVASCULAR DISEASE INTERVAL BETWEEN ONSET AND DEATH 5YRS
4124 DUE TO	
Conditions, if ony, which ) (b)	
gove rise to immediate couse (o), stoting the under:  DUE TO	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO STATEMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO STATEMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?  YES NO STATEMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED?  YES NO STATEMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED?  YES NO STATEMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED?  YES NO STATEMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED?  YES NO STATEMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED?  YES NO STATEMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED?  YES NO STATEMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED?  YES NO STATEMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED?  YES NO STATEMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED?  YES NO STATEMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED?  YES NO STATEMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED?  YES NO STATEMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED?  YES NO STATEMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED?  YES NO STATEMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED?  YES NO STATEMENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED?  YES NO STATEMENT OF THE TERMINAL DISEASE CONDITION GIVEN GIVE	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work at work	LACE OF INJURY (Home, form, cotory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from. Nov., 19/00, to FEB 2, 1969, that I last saw the deceased	
alive on	
ADDRESS (Street, city or town, stote) DATE SIGNED	
SIGNATURE of Bridg Smith	MD. 8471 FT. SMALLWOOD ACAP 2/1/65
PHYSICIAN'S J. BREDY SMITH PASEDENA, MD.	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
70 4 6	k Cemetery Baltimore, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 246. REGIS	
Raymond C. Fink Glen Burnie, Md. DATE 4 1969 Minutes Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 o may be retained TO FUNERAL DIT page 3 should VS A15 (4) 15M 9/55

TO LETT ME TO LETTE CALL THE TO LETTE CALL THE C 3 narivard promitisa The second stranger of the second brecon C. Mari. Clea Burnie, M. 16.